

Health and Health Care Landscape of Osceola and Lake Counties

Research Results from the 2011 Community-
Wide Health Needs Assessment

A Research Project for

SPECTRUM HEALTH
Reed City Hospital



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INTRODUCTION

Background and Objectives

- The Carl Frost Center for Social Science Research was contracted by Spectrum Health Reed City Hospital (SHRCH) to conduct a community-wide health needs assessment in Osceola and Lake counties.
- The Patient Protection and Affordable Care Act (PPACA) passed by Congress in March of 2010 set forth additional requirements that hospitals must meet in order to maintain their status as a 501(c)(3) Charitable Hospital Organization. One of the main requirements states that a hospital must conduct a community health needs assessment (CHNA) and must adopt an implementation strategy to meet the community health needs identified through the assessment. The law further states that the assessment takes into account input from persons who represent the broad interests of the community including those with special knowledge of, or expertise in, public health.
- In response to the PPACA requirements, the CHNA team of SHRCH began meeting to discuss how the community could collectively meet the requirement of a CHNA.

Background and Objectives (Cont'd.)

- The overall objective of the CHNA is to identify key health and health service issues in Osceola and Lake counties. The results will be used to assist in planning, implementation of programs and services, evaluating results, allocation of resources, and achieving improved health outcomes, specifically related to identified needs.

- More specifically, objectives include:
 - Gauge the overall health climate or landscape in both counties
 - Determine positive and negative health indicators
 - Identify risk behaviors
 - Measure the prevalence of chronic conditions
 - Establish health care access
 - Ascertain barriers and obstacles to health care
 - Uncover gaps in health care services or programs
 - Identify health disparities

EXECUTIVE SUMMARY

Executive Summary

In 2011, Spectrum Health Reed City Hospital (SHRCH) commissioned the Carl Frost Center for Social Science Research at Hope College to conduct an independent Community Health Needs Assessment (CHNA) in Osceola and Lake counties.

The primary goal of the study was to identify key health and health service issues in both Osceola and Lake counties. The results will be used to assist in planning, implementation of programs and services, evaluating results, allocation of resources, and achieving improved health outcomes, specifically related to identified needs.

Data was gathered from a variety of sources and using multiple methodologies. Resident feedback was obtained via self-administered surveys. Health care professionals and other community leaders, known as Key Stakeholders or Key Informants, provided input via in-depth interviews and participation in an online survey. Secondary data gathered from state and national databases was also used to supplement and support the overall findings. Local hospital utilization data was also used.

The findings from the CHNA paint a picture of a community that faces many challenges with respect to health and health care for the residents of these counties. On the one hand, they are both considered safe per their low violent crime rates, have good community programs and services that not only address health needs but also promote health, and have good coordination of care and provider collaboration despite a lack of resources.

Executive Summary (Cont'd.)

On the other hand, social indicators such as high unemployment, high rates of poverty, large proportions of residents never completing high school, and the remoteness of much of the region all have a negative impact on health and health care issues for residents of both counties.

One of the more startling findings to come out this research is the extremely high rate of confirmed child abuse/neglect in Lake County – twice as high as the state and three times as high as the nation. The impact this has on children's health is immeasurable.

Residents of both counties have shorter life expectancy and higher mortality rates, for both infants and adults, than people in Michigan or the U.S. The prevalence of risk behaviors such as smoking, especially among pregnant women are higher than the state. One of the most pressing risk behaviors is dietary in nature, as there is a general lack of fruit and vegetable consumption among youth, and the most frequent suggestion by residents for improving health conditions is to improve nutrition and eating habits. This coincides with an adult population where eight in ten are either overweight or obese. Satisfaction with community response to obesity is low and an opportunity for improvement.

The prevalence of asthma and stroke is low. However, the prevalence of diabetes and heart disease is higher than across Michigan. Diabetes is considered a major problem among health care professionals because it is linked to obesity and many other health problems. Satisfaction with community response to diabetes is mixed.

Executive Summary (Cont'd.)

Osceola and Lake County receive high marks for having excellent emergency care, ambulatory/emergency transport, nursing home care, oncology, and in-home care.

Conversely, there is a lack of dermatology, OB/GYN, oral surgery, podiatry, mental health treatment for severe/persistent disorders, and pediatrics.

Many health care professionals believe, and secondary data supports, there is a lack of primary care providers for children and the underserved.

Although a myriad of programs and services exist, residents often have to travel outside of the area to access care. Usually this is due to a referral for specialized care, surgery, or cancer treatment.

Feedback from this assessment demonstrates there are many opportunities for improvement. For example, although health care is accessible to most residents, specific subpopulations experience barriers to health care programs and services. The populations considered underserved are low income, uninsured, underinsured, and uninsurable.

Barriers to health care exist in the form of high costs and transportation. At least residents do not have to worry about physicians refusing to accept Medicaid as in other counties. Providers in both counties accept Medicaid, even for new patients, and this allows many residents to access needed treatment.

Executive Summary (Cont'd.)

Not only is cost an issue because direct health care costs are high, but additionally, traditional health insurance often doesn't cover ancillary services such as prescription drugs, vision, or dental care. Thus, if consumers have to pay for these services, plus deductibles and co-pays, the cost burden can be great and residents will avoid seeking necessary treatment.

Community members (both residents and health care professionals) suggest strategies to improve the health care landscape. Specifically, they prioritize: increasing access to primary and specialist care, developing solutions to transportation issues, supporting and expanding agency resources to address community health needs, providing more opportunities to focus on wellness and prevention, and more educational opportunities to encourage knowledge of healthy lifestyle activities, self-care, and existing support services in the community.

Next steps may include the creation of a steering committee to work on prioritizing and then developing a coordinated response to issues deemed most important to work on, within a specific time frame, such as 1 year, 3 year, and 5 year goals. Above all, next steps involve the establishment of careful priorities for action that once implemented, will benefit the community for the long haul.

Executive Summary (Cont'd.)

Strengths

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> ✓ Safe community; low violent crime rates ✓ Good public services and programs to address health needs and promote health ✓ Excellent coordination among providers ✓ Lower rates of binge drinking in Lake County than MI | <ul style="list-style-type: none"> ✓ Women in Osceola County beginning prenatal care in first trimester ✓ Lower rates of youth risk behavior in both counties, such as smoking, binge drinking, or marijuana use, compared to MI or the US ✓ Dissatisfaction with life lower than MI | <ul style="list-style-type: none"> ✓ Lower rate poor mental health than MI ✓ Rates of child immunizations better or on par with MI ✓ Lower prevalence of stroke and asthma in Lake County than MI or US ✓ Fewer low birth weight babies in Lake County than MI or the US |
|---|---|--|

Opportunities for Improvement

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> ✓ High unemployment rates for both counties ✓ High poverty, especially for Lake County and especially for children and single female households in both counties ✓ Nine in ten kids in Lake County eligible for free/reduced price lunch ✓ Higher proportions of residents with less than a high school degree ✓ Adult and infant mortality rates much higher than MI or US ✓ Very low number of primary care physicians per capita ✓ Lack of services and programs for the underserved (e.g., low income, uninsured) | <ul style="list-style-type: none"> ✓ Funding limitations hinder support of needed programs and services ✓ Child abuse/neglect rates very high for Lake County ✓ Rates for death from heart disease or cancer higher than MI or US ✓ Higher proportion of Lake County adults with poor physical health and disability than MI ✓ High prevalence of cigarette smoking among Lake County adults and pregnant women ✓ Majority of adult population either overweight or obese and proportion of obese youth greater than MI or US ✓ Transportation a barrier to health care | <ul style="list-style-type: none"> ✓ Greater prevalence of diabetes and heart-related conditions in Lake County than MI ✓ More than one in ten residents have no health coverage ✓ High proportion of health care paid by public payers, including Medicaid ✓ Repeat teen births high in Lake County ✓ Inadequate fruit/vegetable consumption among youth (while better than MI/US) ✓ Prevalence of obesity, smoking, and alcohol abuse high but satisfaction with community response low ✓ Lack of use of dental services, especially among underserved ✓ One in five adults report general health as fair or poor |
|---|--|---|

DETAILED FINDINGS

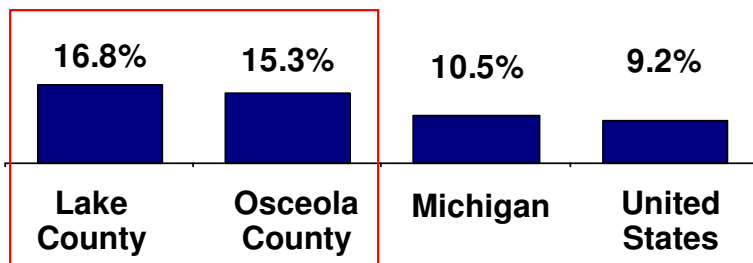
Secondary Data Sources

Social Indicators

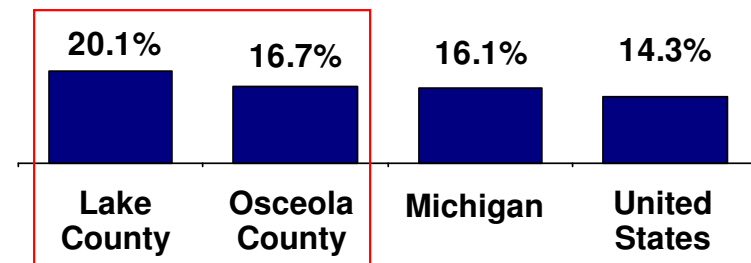
The unemployment rate is much higher in both Osceola and Lake counties compared to Michigan or the U.S. Moreover, one in five Lake County residents lives in poverty, a rate much higher than the state or nation. The proportion of people living in poverty in Osceola County is higher than the U.S., but on par with the state.

Unemployment and Poverty Rates

Population Age 16+ Unemployed and Looking for Work



Percentage of People in Poverty

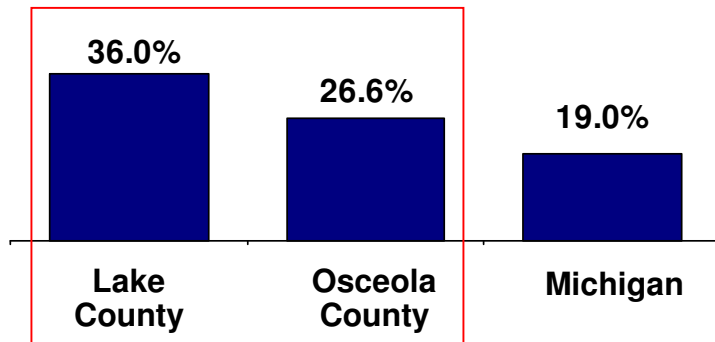


Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; County Health Rankings. Osceola/Lake counties and MI 2011; Note: Data compiled from various sources and dates

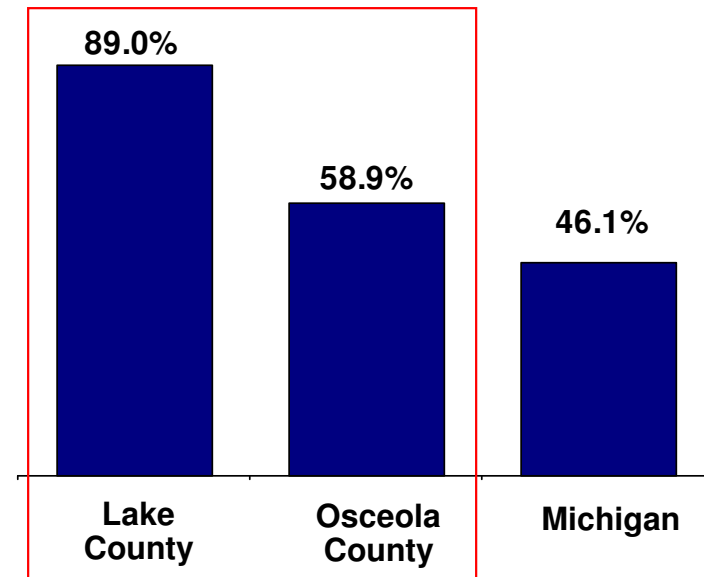
Compared to Michigan, the proportion of children living in poverty is greater in Osceola County and almost double in Lake County. Even though the proportion of students eligible for free or reduced price school lunches is higher in Osceola County compared to the state, the most telling number is that nine in ten Lake County students are eligible for free or reduced price school lunches.

Children Living in Poverty

Percentage of Children (< Age 18) in Poverty



Percentage of Students Eligible for Free/Reduced Price School Lunches

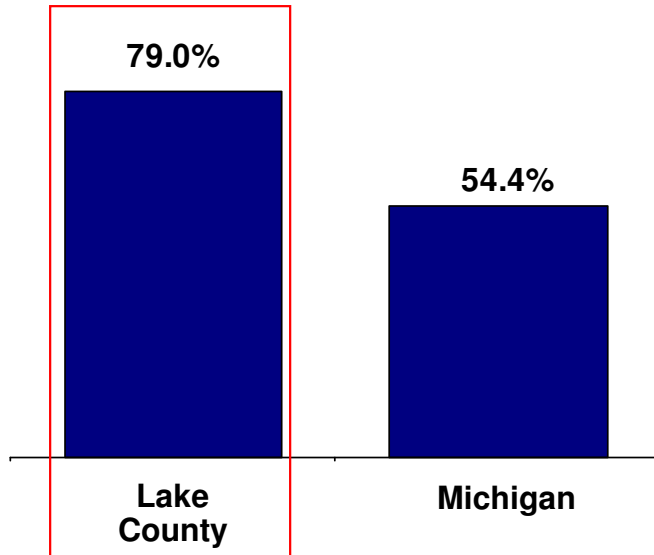


Source: County Health Rankings. Osceola and Lake counties and MI 2011; Note: Data compiled from various sources and dates; Fall 2010, Center for Educational Performance and Information (CEPI).

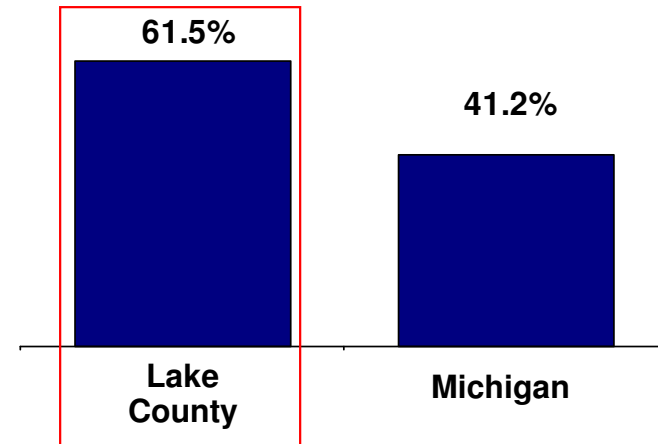
The proportion of children aged 0-4 receiving WIC and the proportion of Medicaid paid births are both higher in Lake County compared to Michigan. In fact, eight of ten Lake County children aged 0-4 currently receive WIC assistance.

Children Born Into Poverty in Lake County

**Children Ages 0-4
Receiving WIC (2009)**



Medicaid Paid Births (2009)

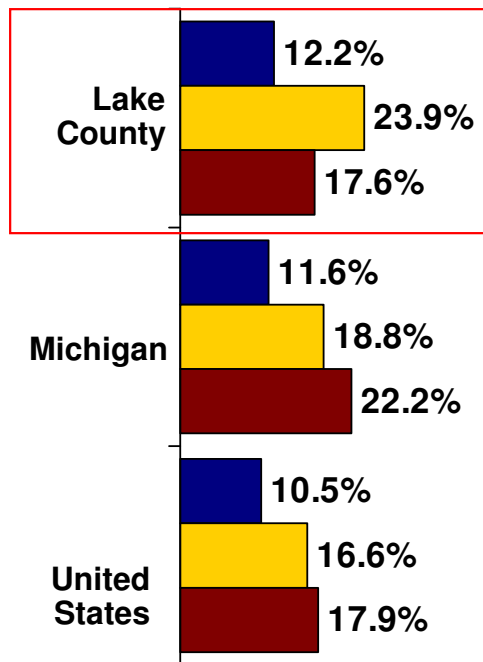


Source: Michigan League for Human Services; Lake County Health Profile, District Health Department #10, 2011.

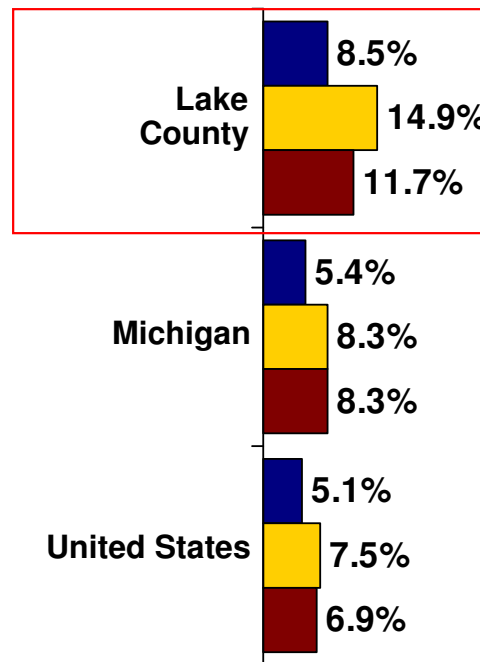
The proportion of families living in poverty in Lake County is slightly higher than in Michigan and the U.S. **Approximately one in five families with children in Lake County live in poverty.** The county exceeds both the state and nation in families living in poverty with children under 18 years of age. In fact, for single female families with children under 18, almost half (48.8%) live in poverty.

Poverty Status of Families by Family Type in Lake County
(% Below Poverty)

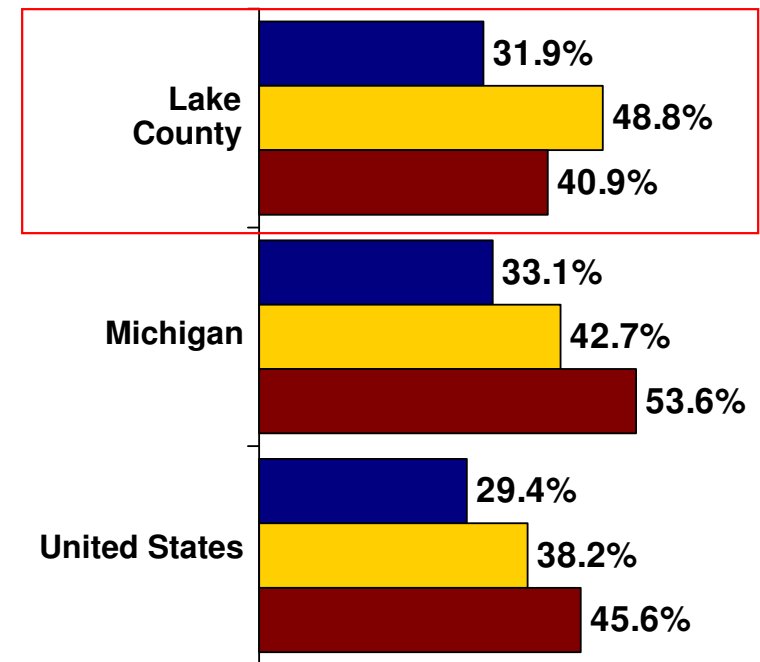
All Families



Married Couple Families



Single Female Families



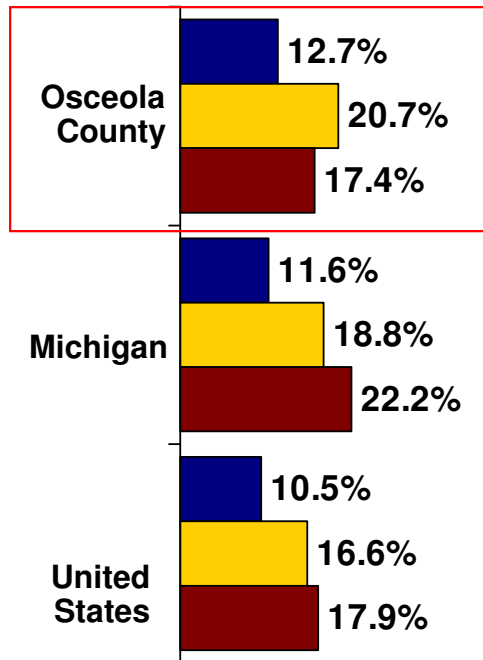
■ Total ■ With Children <18 Years ■ With Children <5 Years

Source: US Census, 2009 American Community Survey, Data Profiles, Selected Economic Characteristics

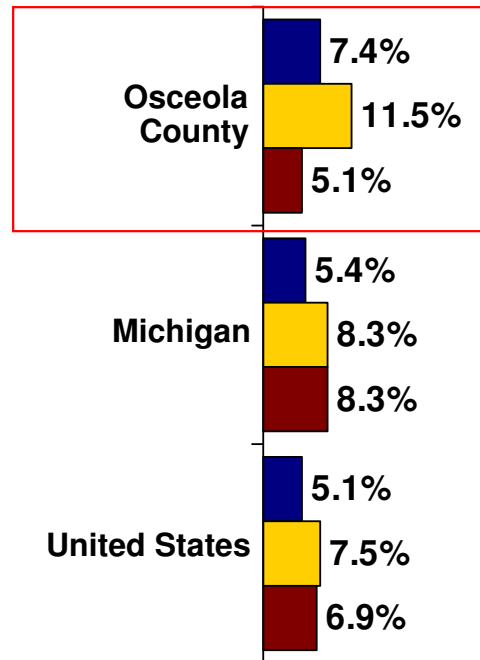
Like Lake County, the proportion of families living in poverty in Osceola County is slightly higher than in Michigan and the U.S. Two in five (39.8%) single female families live in poverty in Osceola County, vs. 31.9% in Lake County.

Poverty Status of Families by Family Type in Osceola County
(% Below Poverty)

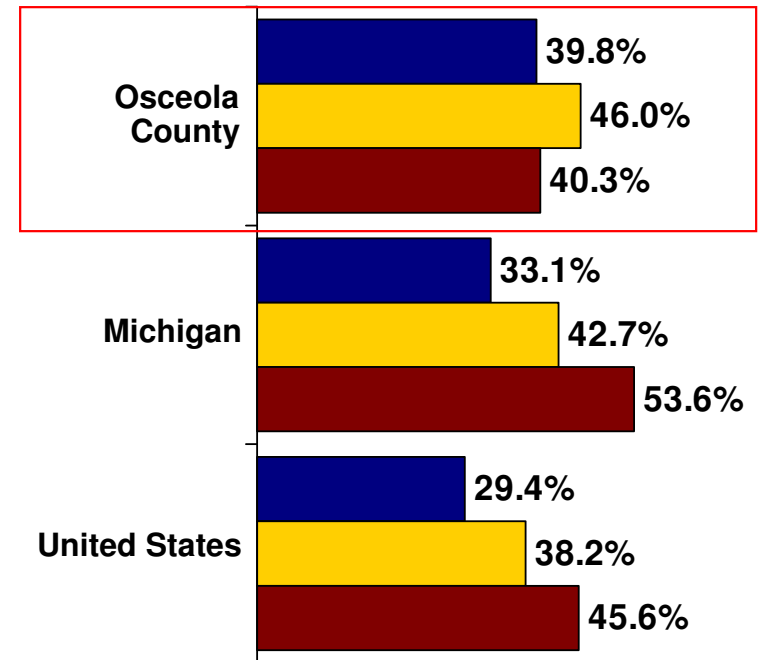
All Families



Married Couple Families



Single Female Families



■ Total ■ With Children <18 Years ■ With Children <5 Years

Source: US Census, 2009 American Community Survey, Data Profiles, Selected Economic Characteristics

Greater proportions of Osceola and Lake County men and women have not graduated from high school in comparison to Michigan or the U.S. In fact, three in ten Lake County residents have not graduated from high school, regardless of gender. Conversely, less than 3% of Lake County residents have graduate degrees.

Educational Level Age 25+

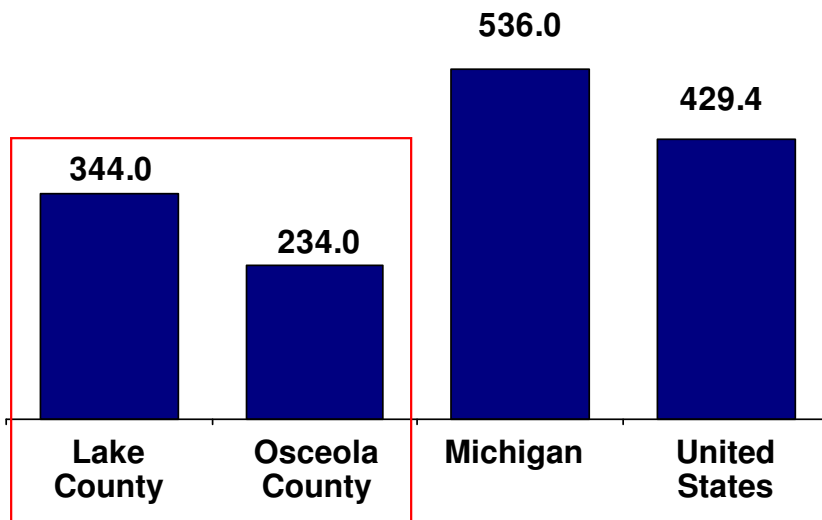
	Men				Women			
	Lake County	Osceola County	Michigan	U.S.	Lake County	Osceola County	Michigan	U.S.
No Schooling Completed	0.3%	0.6%	0.8%	1.1%	0.4%	0.3%	0.8%	1.1%
Did Not Graduate High School	30.1%	20.6%	12.6%	15.0%	24.7%	17.6%	9.5%	11.9%
High School Graduate, GED, or Alternative	38.5%	44.0%	31.5%	29.2%	41.0%	43.6%	32.1%	29.4%
Some College, No Degree	19.3%	18.3%	23.0%	19.8%	21.2%	20.4%	23.2%	20.8%
Associate's Degree	3.8%	4.3%	6.9%	6.7%	4.9%	7.8%	8.9%	8.1%
Bachelor's Degree	5.8%	8.1%	15.3%	17.6%	5.4%	7.5%	15.0%	17.3%
Master's Degree	1.6%	3.1%	6.6%	6.8%	1.8%	2.2%	6.9%	7.3%
Professional School Degree	0.3%	0.7%	2.2%	2.5%	0.6%	0.6%	1.2%	1.5%
Doctorate Degree	0.2%	0.4%	1.2%	1.5%	0.0%	0.1%	0.6%	0.8%

Source: U.S. Census Bureau, American Community Survey, 1-year estimates

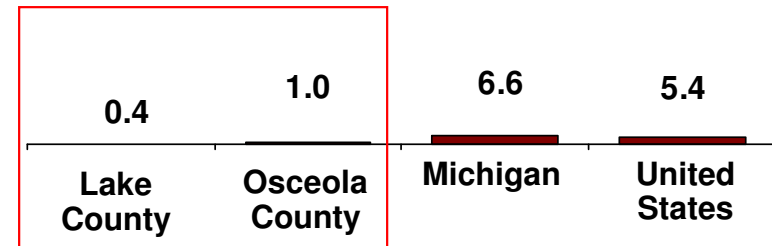
Lake and Osceola County residents live in safer communities, which is evident by far less violent crime compared to Michigan or the U.S. However, child abuse/neglect rates in Lake County are triple those of Osceola County or the U.S. and more than double the rates for Michigan.

Crime Rates

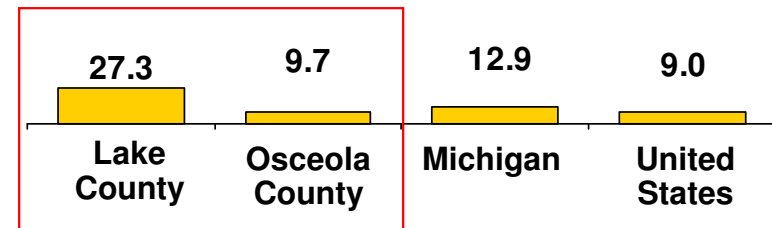
**Violent Crime Rate
Per 100,000 Population**



Homicide Rate Per 100,000 Population



**Confirmed Victims of Child Abuse/Neglect
Rate Per 1,000 Children <18**

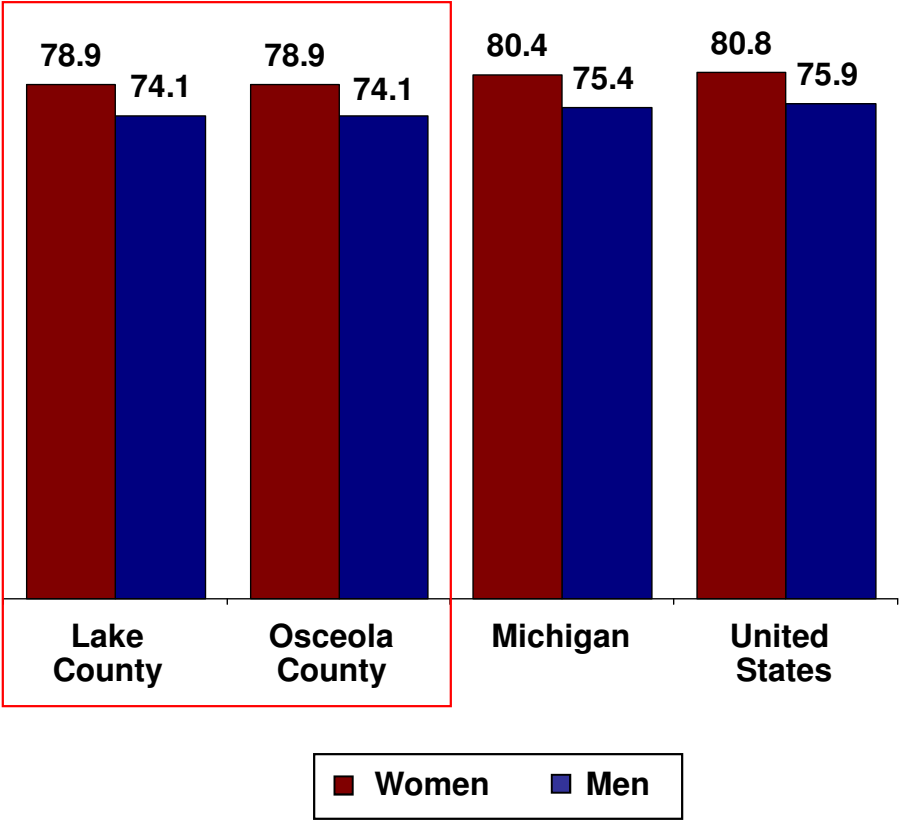


Source: County Health Rankings. Osceola and Lake counties and MI 2011; Note: Data compiled from various sources and dates; US FBI Website 2009; County Health Rankings/MDCH, Division of Vital Records. Osceola and Lake counties and MI 2008; United States Census Bureau 2008; Kids Count Data Book. Osceola and Lake counties, MI, and US 2009.

Health Indicators

The average life expectancy for both men and women is the same in Osceola and Lake counties. Of some concern is that men and women in both counties can expect, on average, to live slightly shorter life spans than men and women across the state or nation.

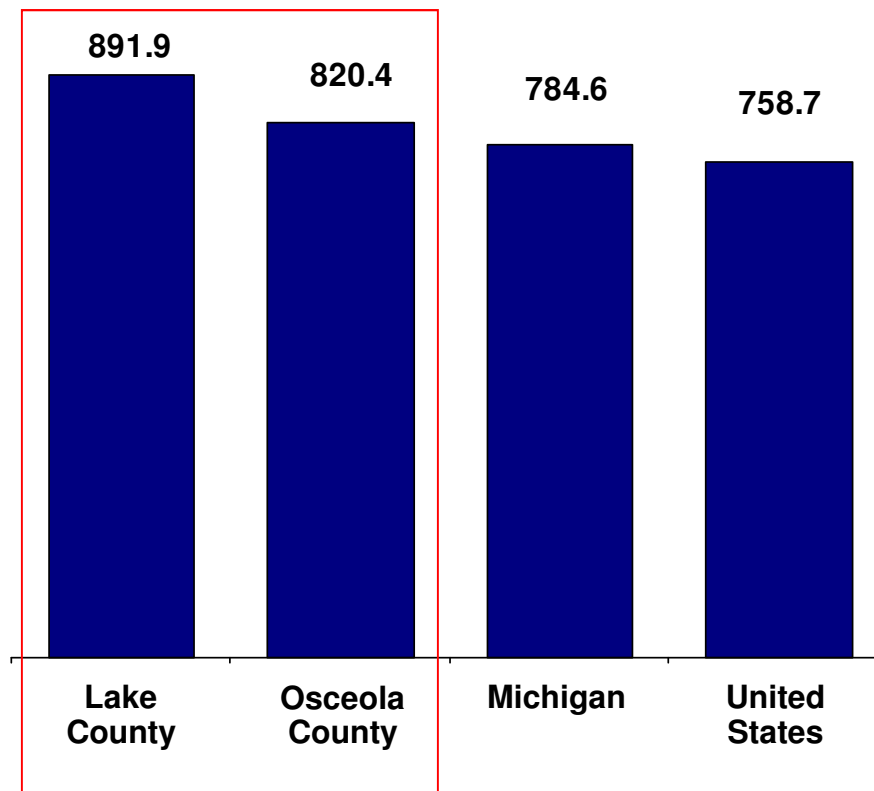
Life Expectancy
(Average Age)



Source: Institute for Health Metrics and Evaluation at the University of Washington. Uses 2007 mortality data for Osceola and Lake counties, 2009 MI, 2008 US

Lake and Osceola counties have higher age adjusted mortality rates than Michigan or the U.S. The most recent mortality rate data shows Lake County at 892 and Osceola County at 820 per 100,000 residents, respectively.

Mortality Rates, Age Adjusted
Per 100,000 Population

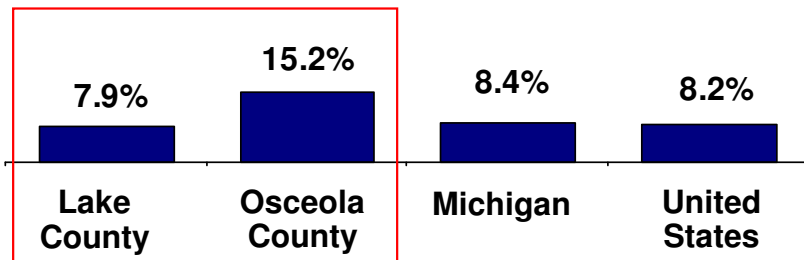


Source: Michigan Resident Death File, Vital Records & Health Statistics Section, Michigan Department of Community Health. Lake and Osceola Co. 2009; MI 2009 and US 2008; Kids' Count Data. US 2007.

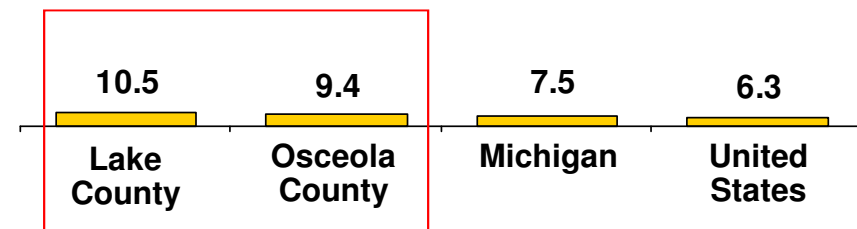
Lake County has fewer live births with low birth weight than the state or nation but Osceola has almost double. Both counties have higher infant mortality rates than Michigan or the U.S. In Osceola County, 15.2% of all live births are classified as having low birth weight and in Lake County one in ten infants dies prematurely.

Low Birth Rates and Infant Mortality Rates

Proportion of Live Births with Low Birth Weight



Infant Mortality Rate Per 1,000 Live Births



Source: MDCH Vital Records Division, Resident Birth Files. Osceola and Lake counties, MI, U.S. 2009.

The top five leading causes of death are the same for Lake County, Osceola County, Michigan, and the U.S., however, the rate for both counties are higher than the state or nation for each condition. Additionally, **cancer** is the leading cause of death in Lake and Osceola counties, whereas the leading cause of death is **heart disease** in the state and nation. Lake County has far higher rates for both cancer and heart disease than Osceola County, Michigan, or the U.S.

Top 5 Leading Causes of Death

	Lake County		Michigan		United States	
	RANK	Rate	RANK	Rate	RANK	Rate
Cancer	1	338.6	2	202.4	2	186.2
Heart Disease	2	292.9	1	231.1	1	203.1
Chronic Lower Respiratory Diseases	3	100.7	3	49.6	4	44.0
Stroke	4	82.4	4	44.3	3	46.4
Unintentional Injuries	4	82.4	5	36.8	5	39.9

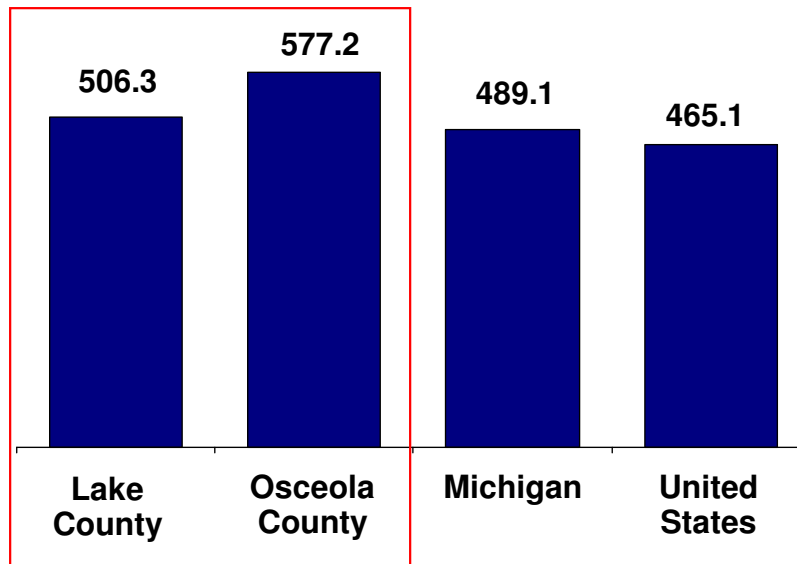
	Osceola County		Michigan		United States	
	RANK	Rate	RANK	Rate	RANK	Rate
Cancer	1	264.3	2	202.4	2	186.2
Heart Disease	2	237.9	1	231.1	1	203.1
Chronic Lower Respiratory Diseases	3	74.9	3	49.6	4	44.0
Stroke	4	61.7	4	44.3	3	46.4
Unintentional Injuries	5	44.0	5	36.8	5	39.9

Source: Michigan Department of Community Health, Osceola and Lake counties, and MI 2009; U.S. Census Bureau. US 2007.

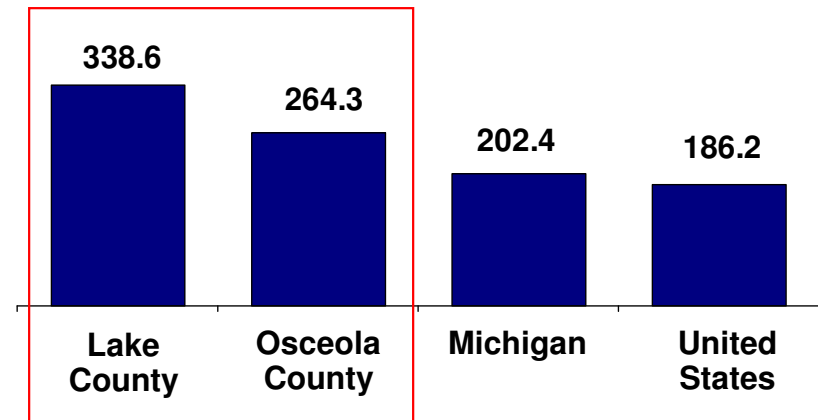
Compared to the state or the nation, cancer diagnosis rates are higher for Lake and Osceola County residents. Additionally, cancer death rates are notably higher for both counties as well.

Cancer Rates

Cancer Diagnosis Rate (Age Adjusted)
Per 100,000 Population



Overall Cancer Death Rate
Per 100,000 Population



Source: MDCH Cancer Incidence Files. Osceola/Lake counties , MI; MDCH/ County Health Rankings.

Chronic obstructive pulmonary disease (COPD) is the leading cause of preventable hospitalization in Lake County, whereas it is **bacterial pneumonia** in Osceola County. **Congestive heart failure** is the second leading cause of preventable hospitalizations in both counties, but is the leading cause in Michigan. **Cellulitis** is far more likely to be a leading cause of preventable hospitalization in Osceola County and Michigan than Lake County.

Top 10 Leading Causes of Preventable Hospitalizations

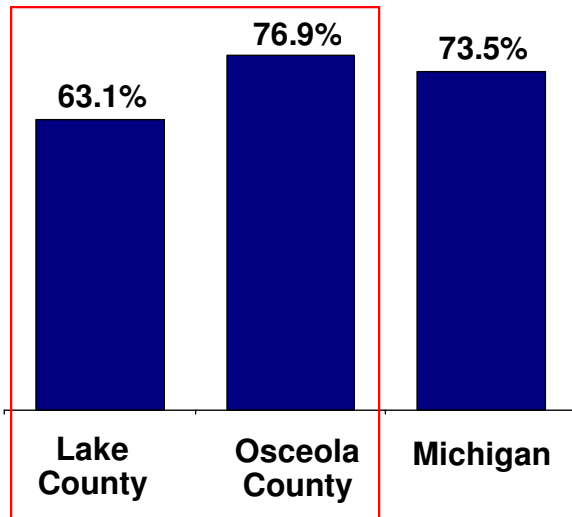
	Lake County		Osceola County		Michigan	
	RANK	% of All Preventable Hospitalizations	RANK	% of All Preventable Hospitalizations	RANK	% of All Preventable Hospitalizations
Chronic Obstructive Pulmonary Disease (COPD)	1	17.4%	3	9.9%	3	10.0%
Congestive heart failure	2	16.1%	2	14.1%	1	14.1%
Bacterial Pneumonia	3	15.8%	1	15.7%	2	11.7%
Kidney/Urinary Infections	4	6.6%	4	7.0%	4	6.5%
Diabetes	5	5.9%	7	4.4%	7	4.9%
Dehydration	6	4.3%	8	4.2%	8	3.3%
Asthma	7	3.6%	6	4.8%	5	6.2%
Gastroenteritis	8	2.0%	9	2.2%	10	1.4%
Cellulitis	9	1.6%	5	5.2%	6	5.7%
Grand Mal and Other Epileptic Conditions	10	1.0%	10	1.6%	9	2.7%
All Other Ambulatory Care Sensitive Conditions		25.7%		30.8%		33.6%
Preventable Hospitalizations as a % of All Hospitalizations		<u>19.3%</u>		<u>17.3%</u>		<u>20.5%</u>

Source: MDCH Resident Inpatient Files, Division of Vital Records. Osceola/Lake counties and MI 2009.

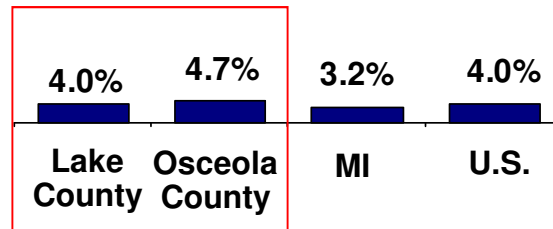
Osceola County has better rates than the state for proportion of women beginning prenatal care in the first trimester and for full immunization of children aged 19-35. Conversely, Lake County has lower rates than the state, especially with regard to women receiving prenatal care in the first trimester.

Prenatal Care and Childhood Immunizations

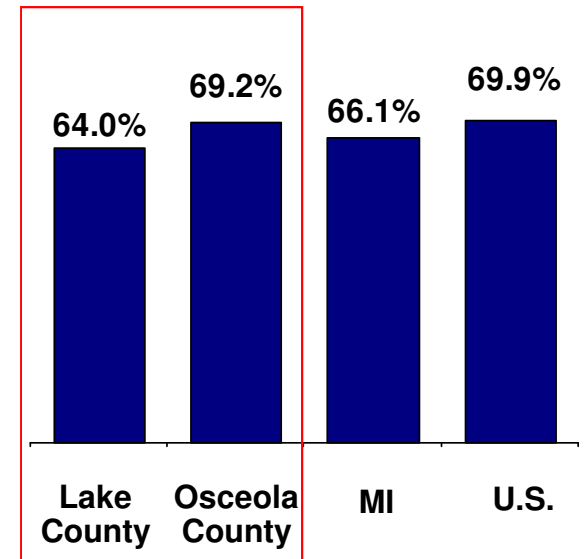
Proportion of Women Who Begin Prenatal Care in First Trimester



Proportion of Births to Women Who Receive Late or No Prenatal Care



Proportion of Children Aged 19-35 Months Fully Immunized

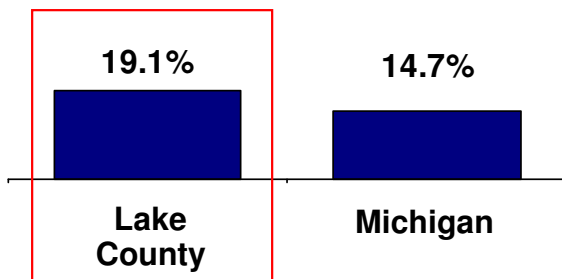


Source: MDCH Vital Records Osceola/Lake counties and MI 2009; Kids Count Data Book/MDCH Vital Statistics. Osceola/Lake counties and MI 2009; Local and MI % from MICR. National data at CDC National Immunization Survey.

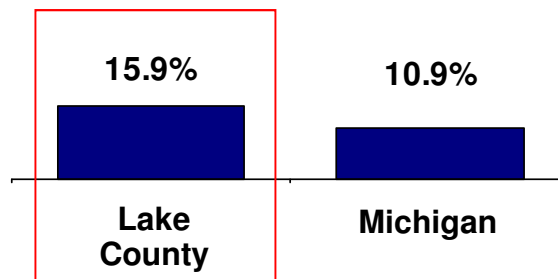
Almost one in five Lake County adults perceive their health as fair or poor. Also, Lake County adults are more likely to experience **poor physical** but less likely to experience **poor mental health** than people across Michigan.

Health Status
(2006-2010 Prevalence Estimates)

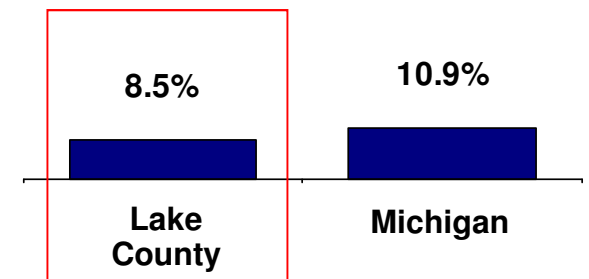
Perception of General Health
(Fair/Poor)



Poor Physical Health
(On At Least 14 Days in Past Month)



Poor Mental Health
(On At Least 14 Days in Past Month)

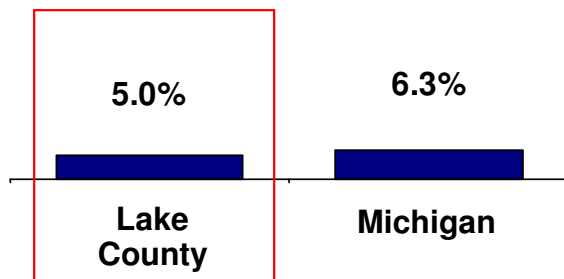


Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

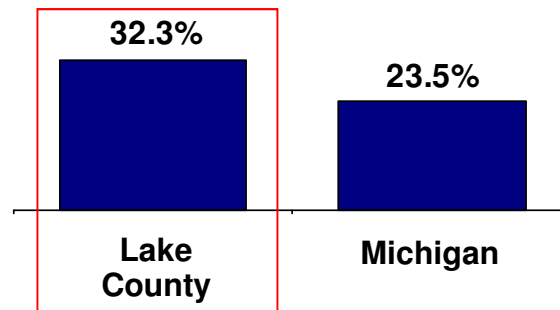
Furthermore, Lake County adults are more likely to be **disabled** and experience **activity limitation** compared to adults across Michigan. Despite this, they are slightly more satisfied with their lives.

Health Status (Cont'd.)
(2006-2010 Prevalence Estimates)

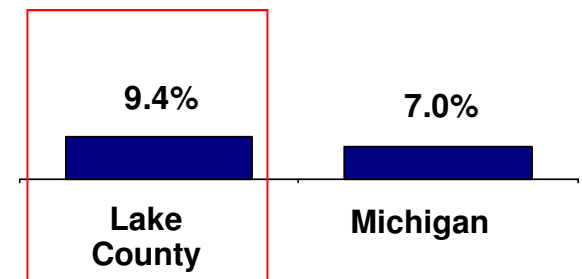
Satisfaction with Life
(Dissatisfied/Very Dissatisfied)



Disability



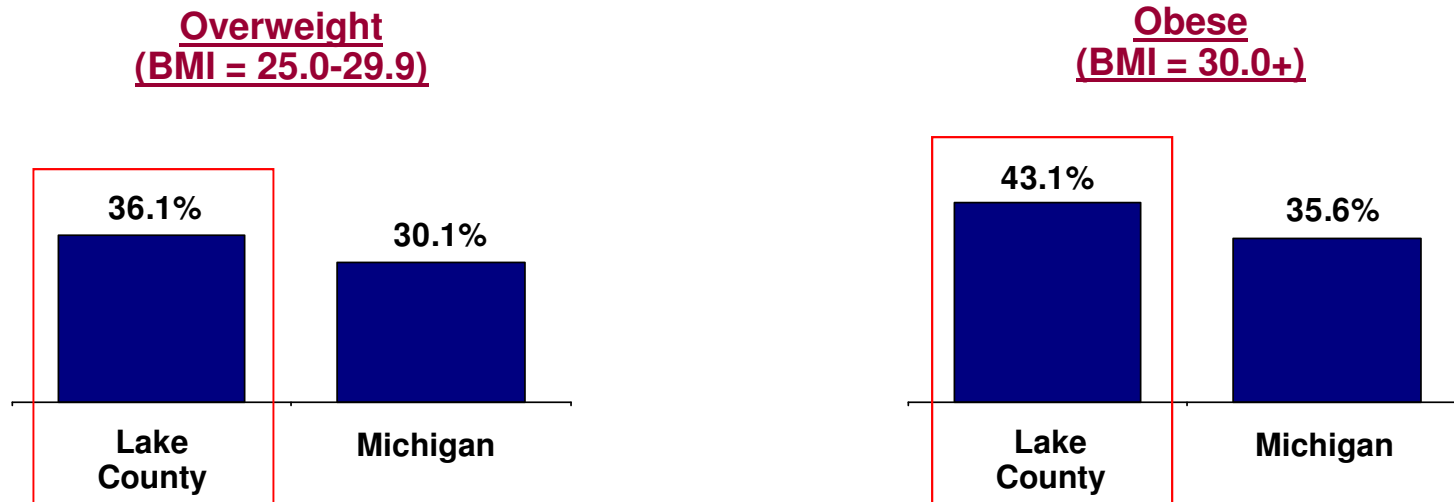
Activity Limitation
(At Least 14 Days in Past Month)



Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

Almost eight in ten (79.2%) Lake County adults are overweight or obese. The fact the more than four in ten adults are considered obese should be a major public health concern and priority for health care professionals in the community.

Weight
(2006-2010 Prevalence Estimates)



Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

Chronic Health Conditions

The most prevalent chronic health condition among Lake County adults is **diabetes**, a rate that is double that of the state of Michigan. Lake County adults have slightly lower rates for **asthma** than the state, but much higher rate of **chronic heart conditions** such as heart attacks or angina/coronary heart disease.

**Chronic Conditions
(2006-2010 Prevalence Estimates)**

	Lake County	Michigan
	%	%
Ever told have diabetes	18.5%	9.3%
Ever told have asthma	10.3%	15.2%
Still have asthma	8.7%	9.9%
Ever told have heart attack	9.2%	4.7%
Ever told have angina/coronary heart disease	8.7%	4.9%
Ever told have stroke	0.6%	2.8%

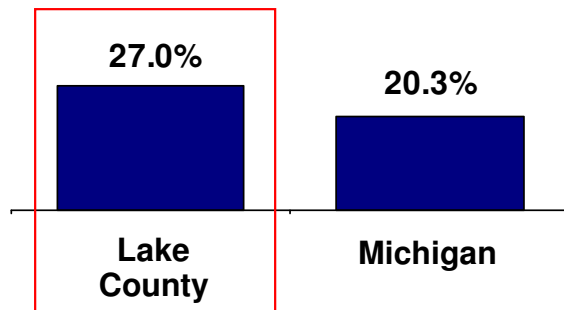
Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

Adult Risk Behaviors

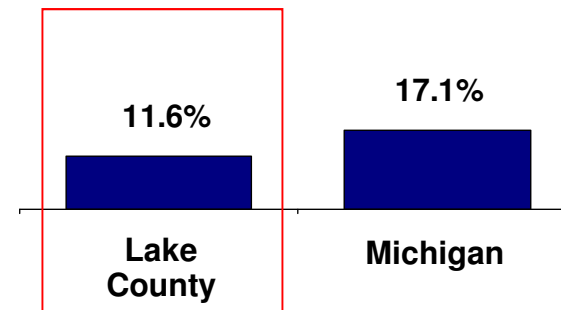
More than one-fourth of Lake County adults currently smoke cigarettes, a proportion higher than the state. More than one in ten adults have engaged in binge drinking in the past month, however, this rate is below that of Michigan adults living elsewhere.

Tobacco and Alcohol
(2006-2010 Prevalence Estimates)

Current Smoker



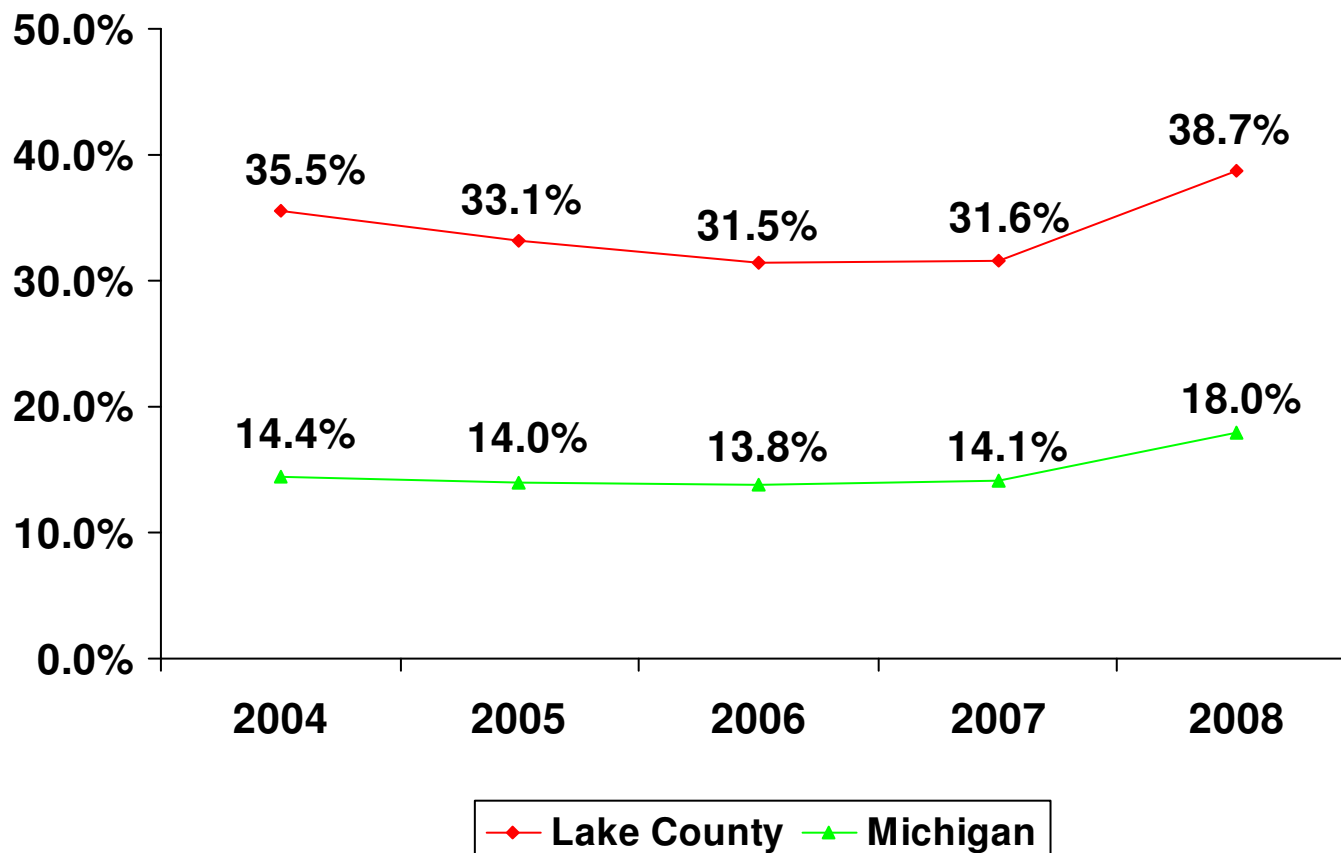
Binge Drinking



Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

The proportion of Lake County mothers who smoke during pregnancy is more than double the proportion across Michigan. More alarming is that this proportion may be on the upswing for both groups.

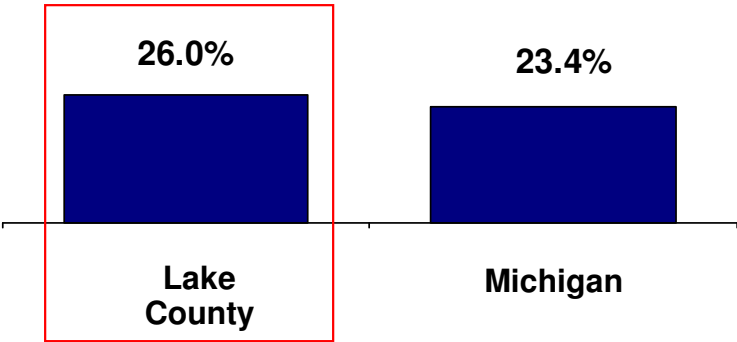
Proportion of Births to Mothers Who Smoked During Pregnancy in Lake County



Source: Michigan League for Human Services; Osceola/Lake counties Health Profile, District Health Department #10, 2011.

One-fourth of Lake County adults engage in *no leisure time physical activity*, which is higher than the state of Michigan.

No Leisure Time Physical Activity
(2006-2010 Prevalence Estimates)



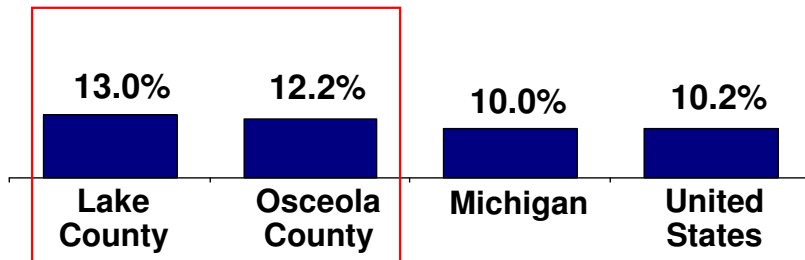
Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

Youth Risk Behaviors

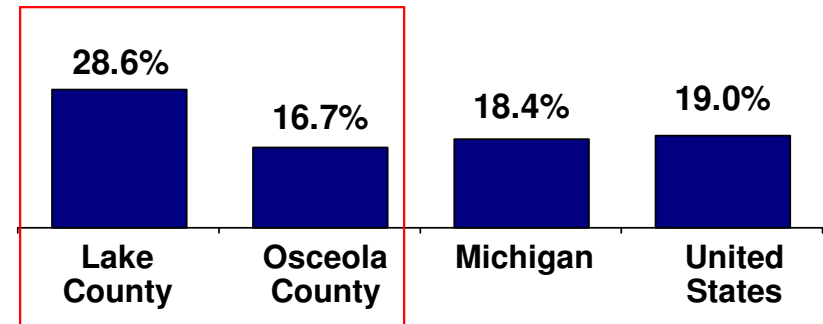
Teen births are slightly higher in Lake and Osceola counties compared to Michigan or the U.S. Repeat teen births are lower in Osceola County than the state or nation. However, in Lake County repeat teens births are much higher than the state or national average, where more than one-fourth (28.6%) of teens aged 15-19 give birth more than once.

Teenage Pregnancy

Teen Births, Ages 15-19
(% Of All Births)



Repeat Teen Births
(% Of All Births to Mothers Aged 15-19)

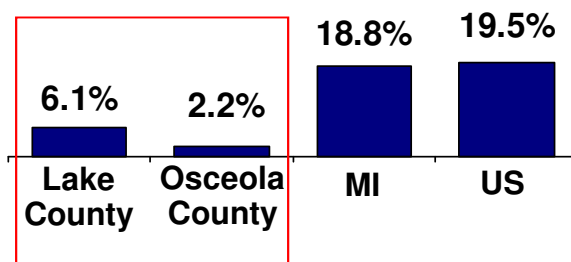


Source: MDCH Vital Records. Osceola and Lake counties and MI 2009; Kids Count Data Book. Osceola and Lake counties and MI 2009.

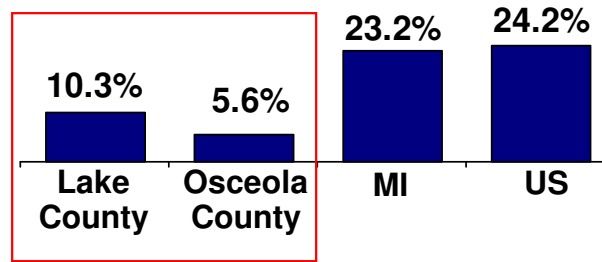
Far fewer Osceola and Lake County youths currently smoke cigarettes, engage in binge drinking, or use marijuana compared to youths across Michigan or the U.S.

Tobacco, Alcohol and Marijuana Use Among Youth

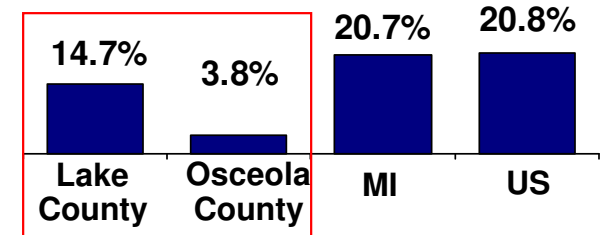
Proportion of Youth Who Report Current Smoking (Past 30 Days)



Proportion of Youth Reporting Binge Drinking (5+ Drinks, Past 30 Days)



Proportion of Youth Reporting Current Marijuana Use (Past 30 Days)

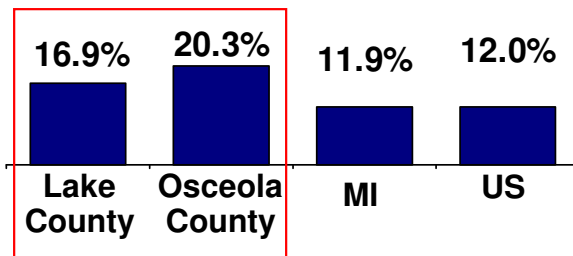


Source: Youth Risk Behavior Survey (YRBS), Osceola/Lake counties YAS 2009.

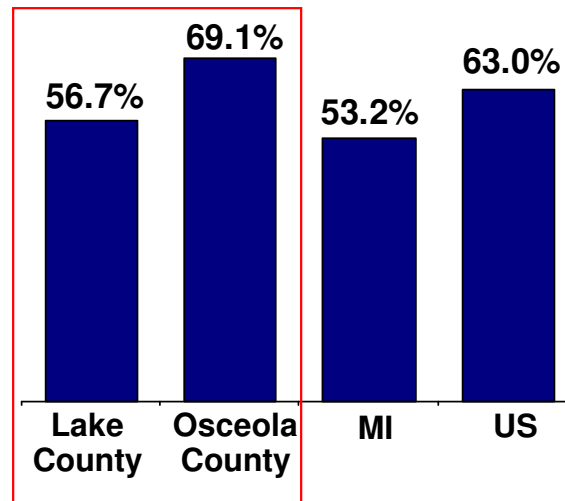
The proportion of obese youth in both Lake and Osceola counties is greater than the state or the nation. Further, over half of Lake County and almost seven in ten Osceola County youth report inadequate physical activity. Furthermore, two-thirds do not eat enough servings of fruits or vegetables, but this proportion is more favorable in comparison to the state or nation.

**Obesity, Physical Activity and Diet
Among 9th and 11th Grade Students**

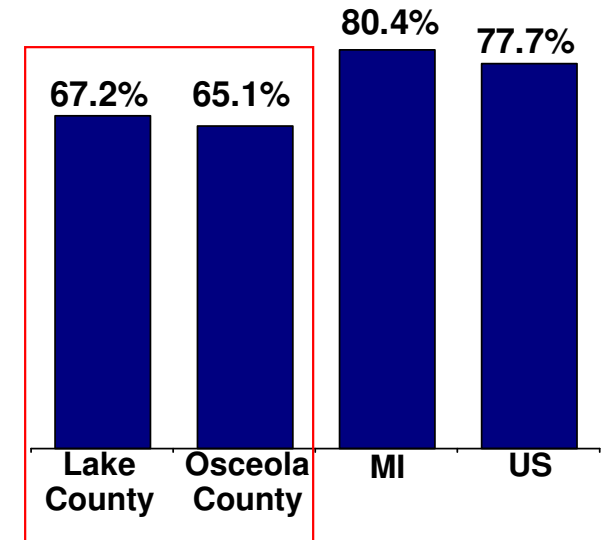
**Youth Who Are Obese (>95th
Percentile BMI for Age and Sex)**



**Youth Reporting Inadequate
Physical Activity (<60+
Minutes, 5+ Days Per Week)**



**Youth Reporting Less Than 5
Servings of Fruits/Vegetables Per
Day (Past Week)**



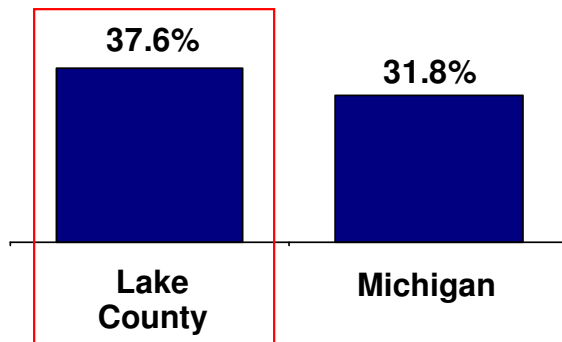
Source: Youth Risk Behavior Survey (YRBS), Osceola and Lake counties

Health Care Access

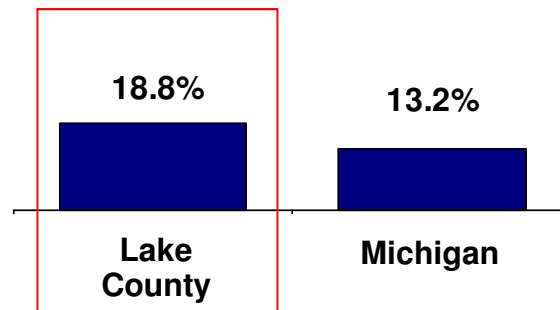
More than one-third (37.6%) of Lake County adults have ***not had a routine physical checkup in the past year***. Almost one in five (18.8%) have ***no personal health care provider***. Also, more than one in ten (15.1%) were denied health care access in the past year due to health care costs. All three of these rates are higher than the state.

Health Care Utilization and Access
(2006-2010 Prevalence Estimates)

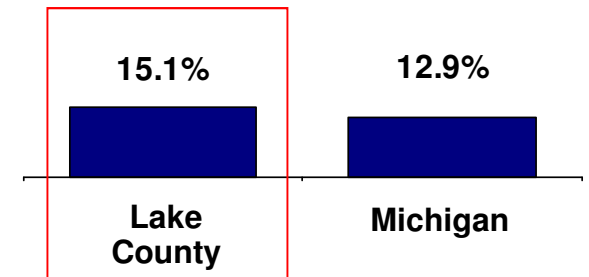
No Routine Physical Checkup
in Past Year



No Personal Health
Care Provider



No Health Care Access in
Past 12 Months Due to Cost

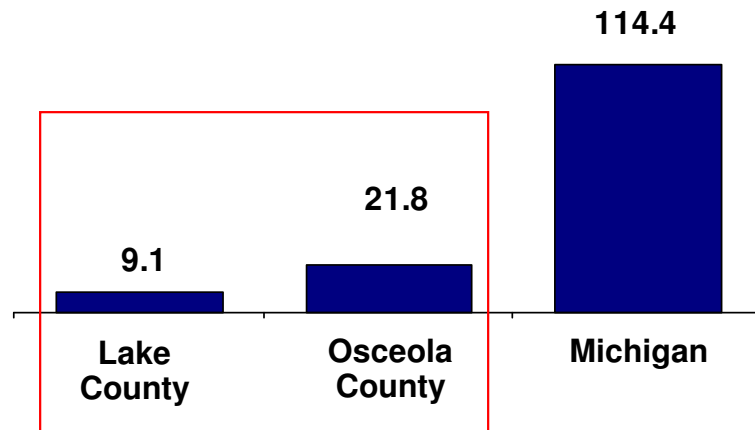


Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

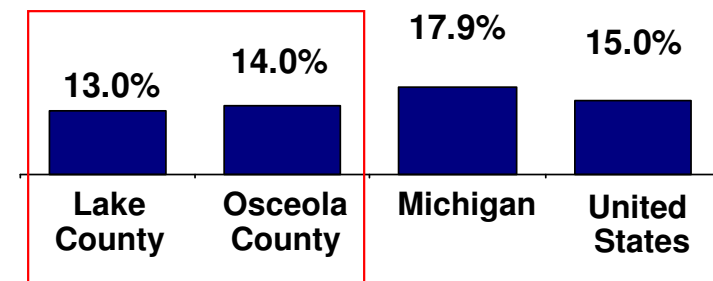
The difference between the number of primary care providers (PCPs) per capita in Lake and Osceola counties vs. the state of Michigan could not be more stark. Whereas in Michigan there are, on average, more than one hundred PCPs per 100,000 residents, in Lake County there are only nine. The proportion of uninsured residents in Lake and Osceola counties is actually lower than the state or nation.

Primary Care Physicians and Medicaid Patients

Primary Care Physicians (MDs and DOs)
Per 100,000 Population



Proportion of Uninsured Residents



Source: US Department of Health & Human Services, Community Health Status Indicators; County Health Rankings.

Hospital Data

According to hospital discharge records for Spectrum Health Reed City Hospital, both Lake and Osceola County residents are discharged most often for ***influenza/pneumonia***. ***COPD*** is the also a common discharge for residents of both counties (2nd and 3rd). The two major differences between the two counties revolves around ***heart disease***, which is the second top condition for discharge for Osceola County residents but sixth for Lake County and ***cellulitis*** which is more common in Osceola than Lake County.

Top 10 Hospital In-Patient Discharges in 2010 and 2011 (Q1-Q3)

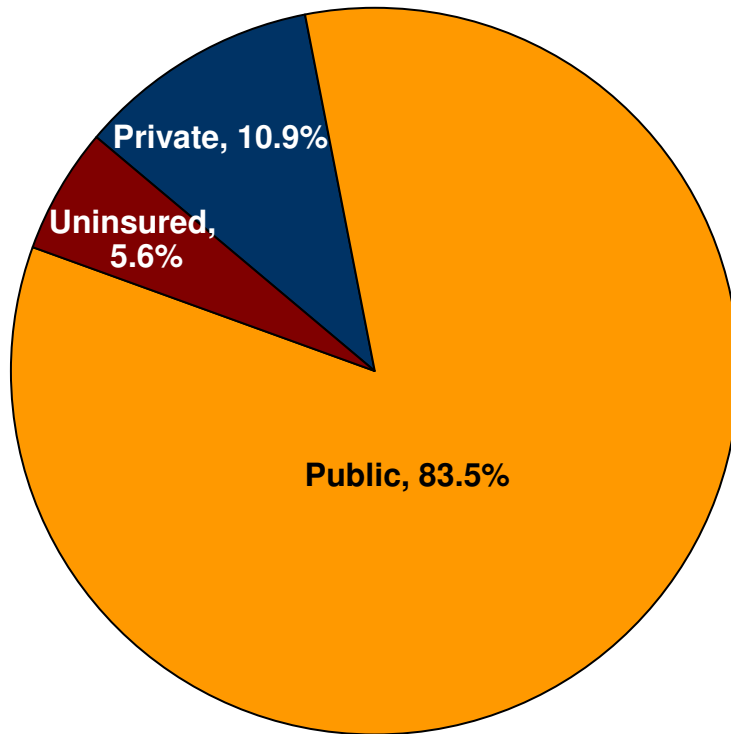
<u>Condition</u>	Lake County		Osceola County	
	% of SHRCH Discharges	Rank	% of SHRCH Discharges	Rank
Influenza/Pneumonia	11.7%	1	11.2%	1
Chronic Obstructive Pulmonary Disease (COPD)	9.9%	2	7.0%	3
Congestive heart failure	6.3%	3	5.0%	4
Stroke	6.1%	4	4.5%	5
Diabetes Mellitus	5.3%	5	2.0%	8
Heart disease, other than CHF, hypertension, angina	4.8%	6	8.5%	2
Poisoning	2.5%	7	2.2%	7
Asthma	2.5%	8	1.6%	10
Dehydration	1.8%	9	1.9%	9
Cancer (malignant neoplasm) except cervical	1.3%	10	1.6%	10
Cellulitis	1.0%	NA	4.5%	6

Source: Spectrum Health Reed City Hospital, 2010, 2011.

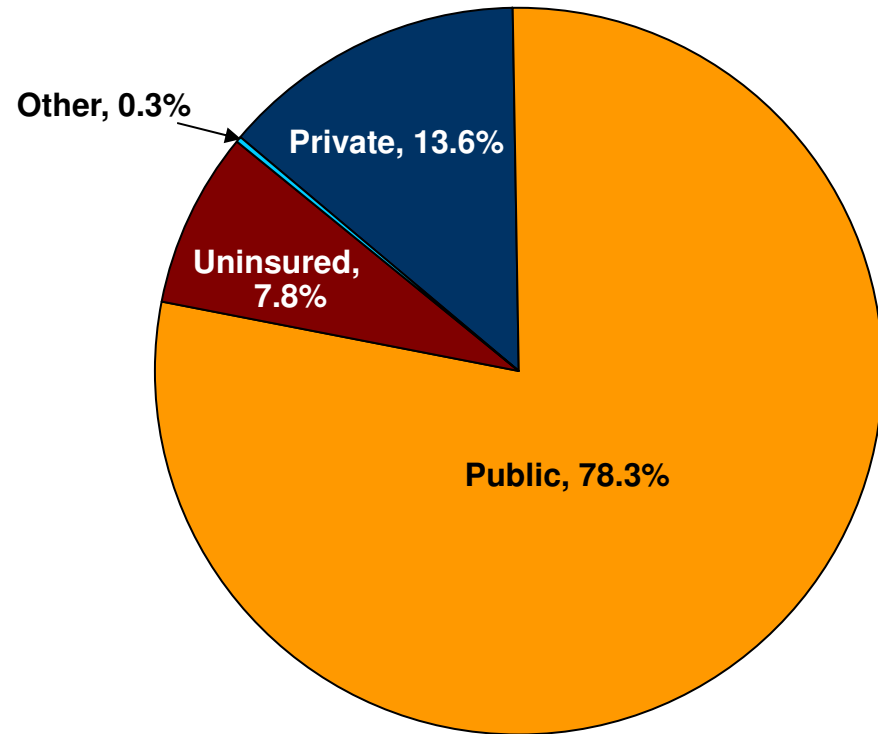
For all hospital discharges over the past two years, roughly eight in ten are public payer types for both Lake and Osceola counties, the bulk of which includes Medicare and Medicaid. The uninsured represent between 5.6%-7.8% of all Spectrum Health Reed City Hospital in-patient discharges over the past two years.

Payer Type Per Discharge
(2010 and 2011, Q1-Q3)

Lake County



Osceola County

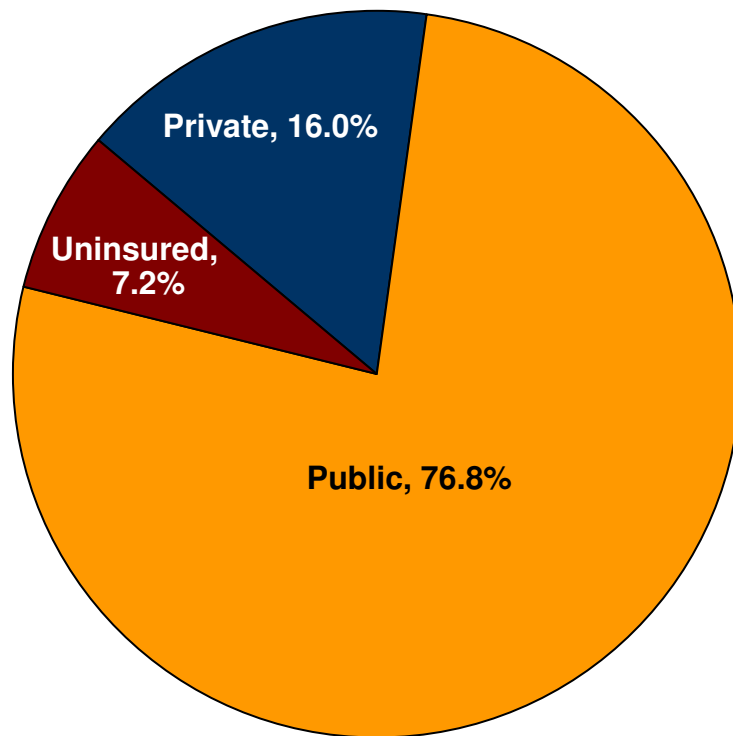


Source: Spectrum Health Reed City Hospital, 2010, 2011.

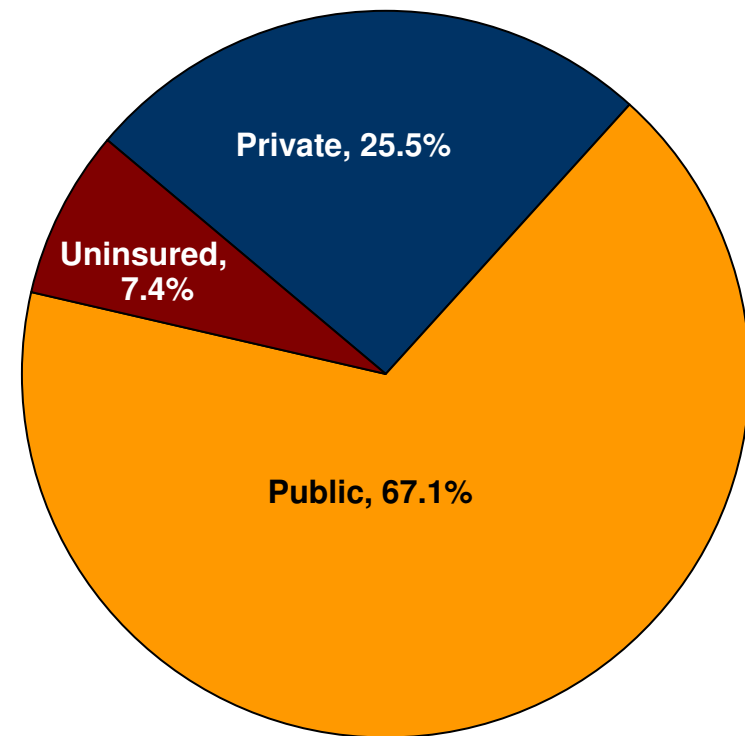
For all Emergency Department visits in Osceola and Lake counties over the past two years, approximately 7% are for patients **without health care coverage** and between two-thirds to three-fourths have **public health insurance**. Lake County residents who visit the ED are less likely to have private health insurance compared to residents from Osceola County.

Payer Type Per Emergency Department Visit
(2010 and 2011, Q1-Q3)

Lake County



Osceola County



Source: Spectrum Health Reed City Hospital, 2010, 2011.

Key Stakeholder In-Depth Interviews

Health Care Issues and Accessibility

Health care access, obesity, lack of health care resources, poverty, access to specialty care, an aging population and lack of senior services, mental health treatment (including substance abuse), chronic disease, and teen pregnancy are identified as the most pressing health issues in Osceola and Lake Counties, particularly for low income and senior individuals.

Most Pressing Health Needs or Issues

- ❖ These issues are considered to be county-wide, although some Key Stakeholders feel Lake County as well as outlying residential addresses (e.g., northern areas) struggle more with access issues.

Overall, actually, access is the primary challenge in Lake County. And that extends to access to specialty care and also obviously boils down to mental health care. I actually think there is good access in Lake County if somebody has a severe mental health disability. Where the primary care gap in mental health is, is for folks with mild to moderate need.

Overall, it's poverty. It's a rural community that is also poor.

If they have insurance, they tend to come in and get care. If they don't, they wait too long to get services. So that's certainly a huge difference in the population I see. We do see quite a few uninsured but people wait a long time before they come in because they don't want to have to pay out of pocket. Services aren't free but they are certainly reduced, but many people here just kind of make do until they can't anymore.

Weight management. We have a lot of obesity here.

The number one problem for people of low income is transportation and it's real hard for some of them to get to hospitals or at all or to doctors or to medical care.

It is not enough to serve the entire county. So recruitment is a big issue for us here, and serving everyone that needs to be served. I think that substance use and mental health issues are very glaring here. I was really taken aback by the seriousness of the issues here. It's a very serious issue here in Lake County.

There is not a hospital in Lake County, there is a hospital in Osceola County that serves part of Lake and Lake does have some primary care physicians and PAs, but it's [lack of access] probably more pronounced in Lake than it is in Osceola.

Q1. What do you feel are the most pressing health needs or issues in Osceola and Lake counties? (PROBE FOR DIFFERENCES BETWEEN SUB-POPULATIONS, GROUPS. ALSO, CLARIFY ISSUES ARE THE SAME/DIFFERENT FOR COUNTY VS. THEIR LOCAL COMMUNITY)



While Key Stakeholders believe these issues have been *somewhat addressed* within their communities, they view the size and scope of these problems as **vast**. Further, poverty and lack of transportation are exacerbating the situation. The *uninsured*, *unemployed*, *low income*, and *elderly* are touched most by these issues.

Ways Most Pressing Health Needs or Issues are Being Addressed

- ❖ Five of six Key Stakeholders say these issues are addressed at least somewhat through the following:
 - Baldwin Family Health Care
 - Cancer screening program
 - Hospital designation as Critical Access
 - Hospital merger
 - Implementation of more substance abuse programs
 - Reinstatement of family planning program
 - Reopening of prison (more employment)
 - Rural health centers
 - Satellite health care offices
 - Teen school health clinic

We've moved into providing substance abuse services because that was very limited, so actually there's quite a bit of work going on there. The big gap is in the moderate to mild need so we're also exploring how much of that they can do and how much we do.

This [access] is monumental. Again, the transportation issue of people being able to get to medical care. And they wait, again, since they don't have a doctor and they don't have insurance, they wait to go to the hospital on an emergency basis and things are tough. And they need a surgery they can't afford. It's monumental.

In Lake County for example, they have a federally qualified rural health center that allows the use of government assistance to bring in primary care physicians who have received loans, for example, during their medical training, and then they have to go to underserved areas to pay off those loans for like two to three years at a time.

There's nothing that I see from a city or a township or a county level to talk about the community health needs. I was on a consortium for community health needs for a six county area kind of begun in Clare and they're doing a lot with health needs. But Osceola County has not been willing to jump on that bandwagon so to speak and it was a little disappointing because we tried to get people involved.

Q1a. Is there anything currently being done to address these issues? Q1b. (If yes) How are these issues being addressed? (PROBE FOR EFFECTIVENESS) Q1c. (If no) In your opinion, why aren't these issues being addressed? Q1d. (If no) In what ways have these issues been addressed in the past, if any? (PROBE FOR EFFECTIVENESS) Q2. What is the size and scope of the **most pressing** issue/problem? (PROBE FOR NUMBER/PROPORTION OF PEOPLE TOUCHED, SPECIFIC GROUP TOUCHED. IF HEALTH CARE ACCESS MENTIONED, PROCEED WITH Q5, THEN COME BACK TO Q3)

The **worsening of the local economy** is the most important event impacting the community's health and health care landscape. Because there is little employment, there is a large number of residents with no health insurance or on Medicaid. On the upside, the reopening of the prison, school health clinics, and the good collaborative history between agencies are seen as areas that positively impact the health landscape.

Sentinel Events Impacting the Community's Health and Health Care Landscape

In Lake County in particular, the economy has always been bad, so we haven't really noticed a huge shift based on the recession because frankly it's never been good. When your baseline is so poor, I don't even think it's necessarily changed that much. If you start at zero, you don't really go down that far.

The relationship between the schools involving Family Health Care. They've got the teen health clinic in the schools and the Baldwin schools is a real hub in the community and I think their superintendent is one of the best in the three counties.

They all sort of funnel back to the need to have money to do things, whether it's to build a physician's office, recruit a primary care physician, expand your emergency room to take care of patients, etcetera, it all sort of relates to that. So if there was one tsunami, it would be the economy.

Reopening the prison will hopefully have a positive effect on the tax base and in employing and the economy, etcetera.

The other thing you have in Lake County honestly, it's my favorite county of the three to work in, they have a very good collaborative history there because in large part because they've really had no choice; to kind of collaborate or die in Lake County. In some ways, it's easier to work within the county. It's a huge strength they have that people never really think of. Lake County's always thought of being very depressing and the poorest, but I think people need to rethink that a little bit.

Q3. What are the key **sentinel events** that may have impacted the community's health and health care landscape in the past one to two years? (PROBE FOR INFECTIOUS DISEASE OUTBREAKS, SIGNIFICANT LOCAL, STATE, AND FEDERAL POLICY CHANGES, SIGNIFICANT ECONOMIC EVENTS, DISASTERS, ETC.)



While Key Stakeholders note that hospitals and clinics address a variety of needs for both uninsured and insured residents, **access to care is limited** due to **poverty, lack of transportation, lack of primary care physicians, and lack of specialists**. Four of six stakeholders feel there are inadequate disability services. More services for both mental and physical disabilities, increased program funding, following disability building code regulations, and having electronic health systems (TeleHealth) are viewed as potential solutions .

State of Health Care Access and Evaluation Outcomes

For the county, we are primarily for low income. I think people utilize the emergency room much too often because they have a lack of primary care services. We certainly don't have enough providers to care for the entire county. And we certainly would like to expand, but with expansion requires funding to help us recruit professionals and to retain them.

If you live on the north side of Osceola County, you can drive 45 minutes to get to the hospital to get a lab. So again people won't do it because they don't want to spend the money on gas or it's just too long because they're elderly and they don't want to or can't drive that far.

Many times you have to leave the city to go to a specialist.

- ❖ Respondents identified the following as important measures for health-related outcomes:
 - Best practices
 - Chronic diseases
 - Coordination with primary care
 - Liver functioning
 - Medical health
 - Morbidity
 - Nutrition & exercise rates
 - Obesity
 - Population-based outcomes
 - Prevention efforts & success at reducing rates

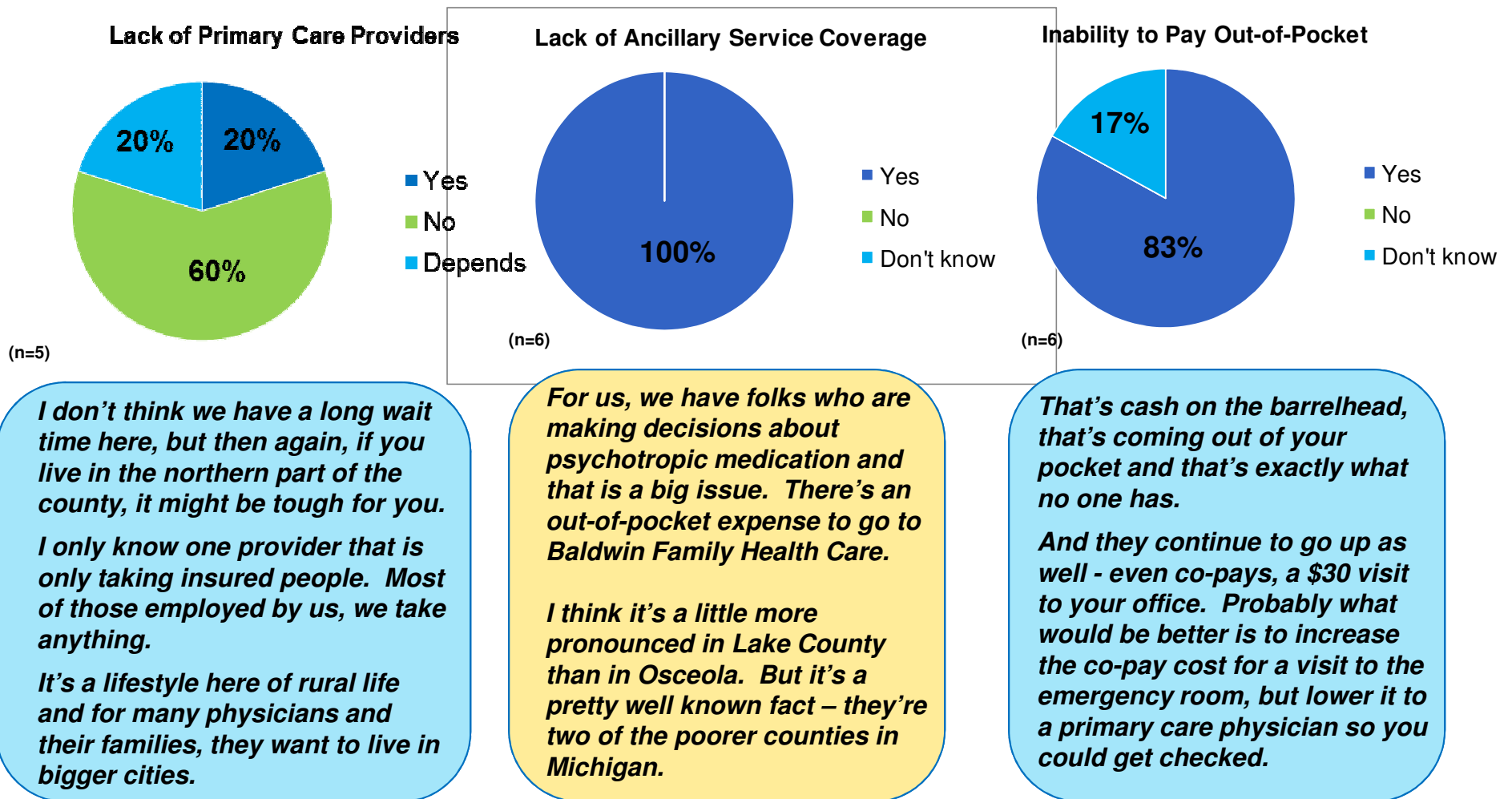
I think there are many categories and many things that we should be held accountable to, to help show improvement and progress.

A reduction in certain cancers, like breast cancer, because if you get your digital screening sooner and can detect things then sooner, then you could possibly live a normal, healthy life. I'd go back to prostate cancer screenings, a very treatable cancer if you catch it early. Skin cancers along the same line, devastating if you get it late, it's curable if you get it early. Those would be the kind of outcomes I would like to see.

Q4. What are the outcomes that should be evaluated? (PROBE FOR MORTALITY, MORBIDITY, RISK BEHAVIOR) Q5. Describe the current state of health care access in Osceola and Lake counties. (PROBE FOR ISSUES OF TRANSPORTATION, HEALTH COVERAGE, DIFFERENCES IN SUB-POPULATIONS, GROUPS. ALSO, CLARIFY ISSUES ARE THE SAME/DIFFERENT FOR COUNTY VS. THEIR LOCAL COMMUNITY) Q6g. Are there adequate disability service programs? Q6h. (If no) What can be done to address this inadequacy?

Over half say there is **not a wide variety or choice of primary care physicians**, but it depends on where one lives and what services one needs. Stakeholders feel it is hard to recruit PCPs to a rural setting, and that this is exacerbated by a general lack of county resources and a poor public school system. All believe there is **a lack of insurance coverage for ancillary services** and most believe residents **have difficulty paying deductibles** and other out-of-pocket expenses.

Viewpoints on Provider Choices, Lack of Coverage for Ancillary Services, and Inability to Pay

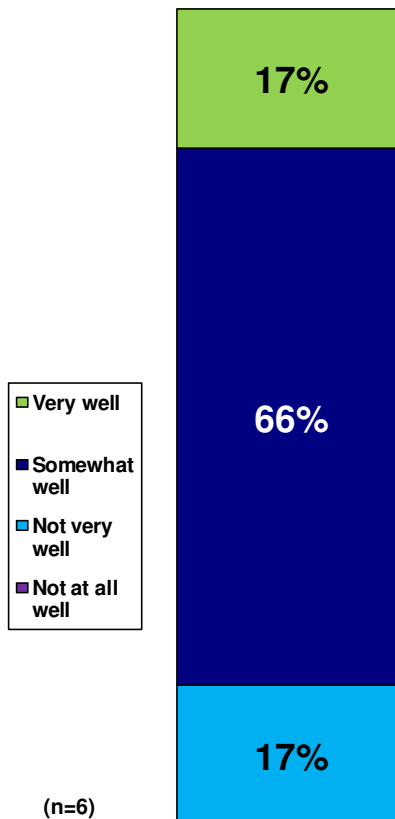


Q5a. Is there a wide variety/choice of primary health care providers? Q5b. (If yes) Is this variety/choice available to both insured and uninsured people? Q5c. (If no) In your opinion, why is there a lack of primary health care providers? 5d. Is there a lack of insurance coverage for ancillary services, such as prescriptions or dental care? Q5e. Is there an inability to afford out-of-pocket expenses, such as co-pays and deductibles?

Existing Programs and Services

The majority of Key Stakeholders think existing programs and services meet the community's needs and demands at least *somewhat well*. They think Lake and Osceola counties have **many good support services**, but the availability of these services is problematic for the elderly, those requiring in-patient or out-patient mental health (including substance abuse) treatment, and for those with a lack of transportation.

Programs/Services Meeting Needs in the Community



There's a lot of collaboration among health and human service providers in the county.

Much, much better but it still needs to be improved.

There is money for the severely mentally impaired but for the other folks who need medications, they're not getting it.

I mean primary care is something I think we do pretty well. We do pretty well in emergency treatment, we do pretty well at some of the diagnostic things, lab work, imaging, things like that. In Reed City in particular, cancer treatment and long-term care.

We offer a lot here [Spectrum Health]. You can get just about anything you need. We've got physical therapy, we've got bone density, we've got the cancer services, there are a lot of services that you typically wouldn't find in a very small community hospital. We have MRI, just a lot of different things on site so we can bring it locally. We try to avoid having folks drive to Grand Rapids if we can. A lot of people don't like the drive to Grand Rapids, for them that's the big city and they don't want to go and many have said they won't go.

Q6. How well do existing programs and services meet the needs and demands of people in your community? Would you say they meet them exceptionally well, very well, somewhat well, not very well, or not at all well? Q6a. Why do you say (INSERT RESPONSE)? (PROBE FOR DIFFERENCES IN SUB-POPULATIONS, GROUPS)

Services identified as lacking are **specialty services, dental care, mental health services, OB/GYN services, community centers for families and seniors, in-home respite care, primary care physicians**, and a focus on **chronic disease prevention activities**.

Programs/Services Lacking in the Community

- Chronic disease prevention activities
- Community centers for families and seniors
- Dental care
- In-home respite care
- Gyms/Exercise facilities
- Mental health services (including substance abuse)
- OB/GYN services
- Primary care physicians
- Specialty services
- Transportation
- Youth services

There's not a gym. There's no place, other than the tiny one that we have, no place to really work out. They do have a nice walking trail system, but I'm not sure how many people use it.

In the county we could use a little more primary care.

I'm not sure that the [OB/GYN] population is there. We have a lot of elderly, or those that are retired, and because there are not a lot of jobs, a lot of our kids leave and no one lives in this area.

There're many more services it would be nice to provide – we can't afford them.

Q6b. What programs or services are lacking in the community? (PROBE FOR PROGRAMS/SERVICES THAT ADDRESS SPECIFIC SUB-POPULATIONS, GROUPS, PRIMARY CARE, CHRONIC DISEASE)

No Key Stakeholder can identify existing community services that are not needed. While noting the existence of some duplication in intake processes, Key Stakeholders feel **there is not a lot of waste in these communities even though their resources are extremely limited**.

Service Duplication and Improved Community Response to Health and Health Care Needs

Any inefficiencies I would relate back to lack of funding.

There's certainly not any duplication. Like there's not too many primary care physicians, there's only one ER in these two counties, there's one cancer center. One hospital. I would say no. Whatever we have, we're glad to have and I don't think there's a lot of waste.

If anything I'd say it's a little better than other communities, because Lake County is so small and everybody knows everybody. But there's tremendous duplication in those additional intake processes and lack of communication and coordination across them.

Because it's a pretty isolated area and it's not heavily populated so of the services that are here, we need each and every one of them.

- ❖ Stakeholders feel services can work better through **increased collaboration, increased partnerships with schools, community groups** (and other counties), **developing more long-term funding and goals, increasing access to moderate mental health services**, and **creating a central hub for information**.

Many times people have projects or funding for a grant and its very short-term and so there's a lack of some of the long-term looking at long-term outcomes, looking at long-term funding streams, looking in terms of how do you make it impact.

People kind of get lost in healthcare systems. And I think there's an upcoming profession similar to case managers or patient navigators that is really needed.

I think Osceola needs to tie in with other counties and either learn from them and help teach them, kind of share resources, I think would be helpful. Even if it's just Osceola and Mecosta, which is just south of here, they have a lot more resources, they have a college, it's just a little bigger community.

Q6c. Are there any programs/services that currently exist that aren't needed? Q6d. (If yes) What are these programs/services? Why aren't they needed? Q6e. Is there any duplication of services? Q6f. (If yes) What services are duplicated? Q6i. In your opinion, how could any of the existing services/programs in your community be implemented better? Q7. Are there any partnerships that could be developed to better meet a need? Q7a. (If yes) What are these partnerships? Q7b. (If yes) How could they be better developed?

Four Key Stakeholders currently have recommendations or plans for implementation of new programs currently lacking in the community that will work to **improve existing services, recruit more physicians to the area, and address chronic diseases.**

Plans/Recommendations for New Program Implementation

- ❖ Stakeholders would like to see and/or are planning more interdisciplinary approaches, to recruit more PCPs and specialists to the area, improve existing services such as long-term care and emergency services, and programs that focus on smoking, teen pregnancy, diabetes, and cancer.
 - Always looking at chronic disease prevention funding
 - Classes for pre-diabetics
 - Depends on federal government and what gets cut
 - Expanding cancer treatment services
 - Improving emergency care
 - More expansion
 - More interdisciplinary approach
 - More physicians
 - More specialists in the area
 - Plan for free/low cost programming for public for weight management
 - Recruiting more PCPs
 - Reviewing long-term care facilities and program
 - Smoking prevention program for pregnant women
 - Teen pregnancy prevention program

We're in the process of expanding our cancer center and adding treatments to that and that's a good thing so people don't have to drive to far away places to get the same treatment like radiation and so on. We're in the process of recruiting more primary care physicians, which is critical to everything like I was talking about. We're in the process of improving our capability to provide emergency care. We're in the process of analyzing our long-term care unit to determine how many beds we should have, what services we should provide for the seniors. So that's all good.

We're looking at trying to do some group visits for diabetics through our rural health clinic here where you get a group of folks with a like diagnosis and they come here and they get a whole bunch of different services. Very much involved around diabetes because that is a huge issue for this community.

Q8. Do you have any recommendations or plans for implementation of new programs or services that are currently lacking in the community? Q8a. (If yes) What are your recommendations or plans?

Many barriers to programs and services are linked directly to **poverty**, **cultural/language**, **lack of transportation**, **lack of insurance coverage**, and **limitations to available services/lack of access points**.

Barriers

❖ Specific barriers are identified as:

- Access
- Cultural/Language barriers
- Fear/Lack of trust
- Lack of access to specialists
- Lack of awareness of existing services
- Lack of coverage
- Low income population/Cost of care
- Transportation barriers

You have culture of poverty variables. So what is the health seeking behavior if you have generational poverty? ER probably, that's emergency only. I think that's probably most common. I think there's probably lack of awareness or a perspective that you can't afford health care because you're used to not being able to afford things. I think those are some of the more or as relevant cultural barriers.

If you're not within walking distance or there's not some kind of bus to take for transportation, you're not going to do. This is county-wide. I think it's worse for the outlying areas.

We see a lot of folks that cannot afford their medications that will choose to buy food and not their meds. And so we get readmissions to our hospital because they have made a choice. People have to opt either for healthcare or to pay their bills and buy their food. And that's a reality here.

Wouldn't it be great if I could hire three African American clinicians. It would. It is not easy to recruit African-American clinicians to this spot because the county itself is not what you would call racially mixed, it just has a larger percentage of who I serve in my three counties. Baldwin is very racially mixed but the rest of the county isn't.

Rural males are not good at taking care of their health. There's a certain machismo. And then it just exponentially explodes if they think there might be a psychiatric illness. The first person they talk to about that may be the bartender. And think about the instances of colorectal cancer where you need to do a swab, I mean forget about it.

Q9. Are there any barriers or obstacles to health care programs/services in your community? Q9a. (If yes) What are they? (PROBE FOR ACCESS ISSUES, COST, LANGUAGE BARRIER, CULTURAL)

While these issues have been **somewhat effectively addressed** through the collaborative work of organizations, mobile dentistry units, and school health clinics, Key Stakeholders believe transportation and cost are barriers difficult to address. They feel **more access to prevention services, school-based health centers, a long-term plan, more agency collaboration, and education on healthy lifestyle choices** must occur to significantly improve community health.

How Barriers Can Be Effectively Addressed

That's a culture change and it takes time to change culture. A lot of people, too, believe that losing your teeth or having cavities is how you grow up and that's just not true.

Efforts or specific initiatives are usually tied to funding or health department initiatives. I mean it's a much more episodic than concerted, long-term effort. I will say that the schools have several times brought in, as a big hub in the community, the folks from Ruby Pains' outfit around culture of poverty to try and heighten awareness of this in the community. Has anything been successful? Boy, I don't know.

I'd like to see education and healthcare on the federal and state level be like number one and number two priorities.

I'm not a whole lot aware of targeted outreach, and I suspect that's what it really would take.

We have services where we can take senior citizens to and from, but they haven't been addressed well enough yet in total. There's probably a better plan and I don't know what it is at this point.

We still pay for illness much more than we do for wellness, when we look at our insurers and other ways that we get our healthcare. We see people that come here because they're ill not because they want to be better.

Somebody could start a service and it doesn't make enough money to fund itself and then what happens? What you end up doing is you depend on government subsidies to underwrite most of these kinds of things.

Many times it's dependent upon fitting it in among crisis intervention. There're so many people with chronic illness in crisis that we're just trying to do that and trying to educate people that they need preventative health care, because people don't exercise preventative health care or establish a medical home.

Q9b. Have any of these barriers been addressed? (IF YES, PROBE FOR DEGREE OF EFFECTIVENESS) Q9c. Are there any effective solutions to these issues? Q9d. (If yes) What are they? Are they cost effective? Q9e. Have any solutions been tried in the past? (IF YES, PROBE FOR DEGREE OF EFFECTIVENESS)



Community Resources and the Future of Health Care

Stakeholders say it is the **richness of community collaboration and support** in a county with high poverty that makes their response to access stand out. Resource limitations stem from **lack of funding or funding limits, the rural environment, and existing poverty**. All feel relevant stakeholders are involved in the planning and decision-making for community health needs, while **also acknowledging that more community members should be involved and more long-term planning needs to be developed**.

Community Resources & Resource Limitations

❖ Specifically, Key Stakeholders feel the community houses the following resources:

- 2-1-1
- Agency coordination and collaboration
- Area schools
- Baldwin Family Health Care
- Community Mental Health
- DHS
- Dial-A-Ride
- Faith-based community
- MSU Extension office
- Prison reopening
- Senior Programs
- Use of technology (e.g., teleconferencing)

❖ Resource limitations are identified as:

- Funding limitations
- Lack of employment opportunities
- Size/rural nature of county
- Poverty
- Less federal and state funding for initiatives
- Lack of high speed Internet connections

So many more seniors have issues related to aging, memory, disability, etcetera, not being isolated from their families, and so there are never enough mental health services, but there are some available.

There always should be more, I don't care where you live. There should always be more involvement and investment in keeping people healthy.

It does go clear back to money. One, you don't have enough money out in the country to start some of these things, and if you did, there's not enough money to utilize them. So I think obviously we could use more resources but you have to be sort of frugal with what you do develop.

I guess I wouldn't consider it to be a mobilized issue or commitment. I think there's various committees that have stakeholders that are looking at specific projects but is it a mobilized group working on an identified health improvement plan? No.

Q10. What resources currently exist in your community beyond programs/services just discussed? (PROBE FOR FINANCIAL, SOCIAL CAPITAL, PEOPLE) Q10a. What are any resource limitations, if any? (PROBE FOR FINANCIAL, SOCIAL CAPITAL) Q11. With regard to health and health care issues, are relevant stakeholders or community residents involved in planning and decision making? Q11a. (If yes) Who is involved? (PROBE FOR TITLES/ROLES, NOT NAMES) Q11b. (If no) Should they be? Q11c. (If yes) Who should be?

While some stakeholders are concerned about the unknown elements of federal health care reform and fear it will be more expensive and result in less hospital reimbursement, most feel positively about health care reform and believe it will **provide more coverage for adults, increase access overall, and be driven by outcomes**. They hope it will help improve health outcomes by **promoting prevention** and **promoting a more active role in self care by patients**.

Verbatim Comments on the Future of Health Care

It's changing the baseline for who is eligible for Medicaid. So you're going to improve accessibility just by the fact that people will have payment sources. Now is there going to be the infrastructure to support that access, that may be a challenge. I think our goal in Michigan should be to look at healthcare reform and try to ensure that how we interpret certain points of that are going to focus in on some of the population outcomes.

Transforming – it's the payers that are driving this, saying it's not going to be any longer how many people you see, but the quality of care that you give and you'll be paid based upon that quality so hours of operation, are you available to your patients, what do your diabetic hemoglobin A1C's look like and those are all hard because if people don't take responsibility for their care, you can have some impact but not a lot of impact. But I think health reform will help to educate people, the general population as well, on their responsibility.

I tend to look at it a little differently than a lot of people. I think the fact that every person is going to have some form of payment, is probably better than what we have now, when you have 40 million Americans that have no way to pay. The problem's going to be, as you move forward, is Medicaid and Medicare programs do not pay enough now to cover the cost. You make it up in your other third-party payers, like the Blue Crosses and Priority Health, and not only do they not pay enough now, they're going to ratchet back some of their payments to help fund the additional people they're going to be put on federally subsidized health care.

I think it's going to be more expensive as times go on, I think it's going to be more difficult for folks to access the services they need, we're already seeing that trend. I just look at long-term care alone at this time and we already are asked to do more and more and more with less and less reimbursement and it's the same way at the hospital. So for us as providers, the picture is somewhat grim.

Well I hope it's good. If the Federal Health Care Reform Act is the plan that actually allows better access and more people to get into the system, I think it will be good. It also though needs to focus on wellness, not just on illness. And if it's geared towards that, I think it will be a good thing for this country.

- ❖ One Stakeholder's final comment is that health care needs to be a priority for the country and supported by state and federal funding, especially in rural communities.

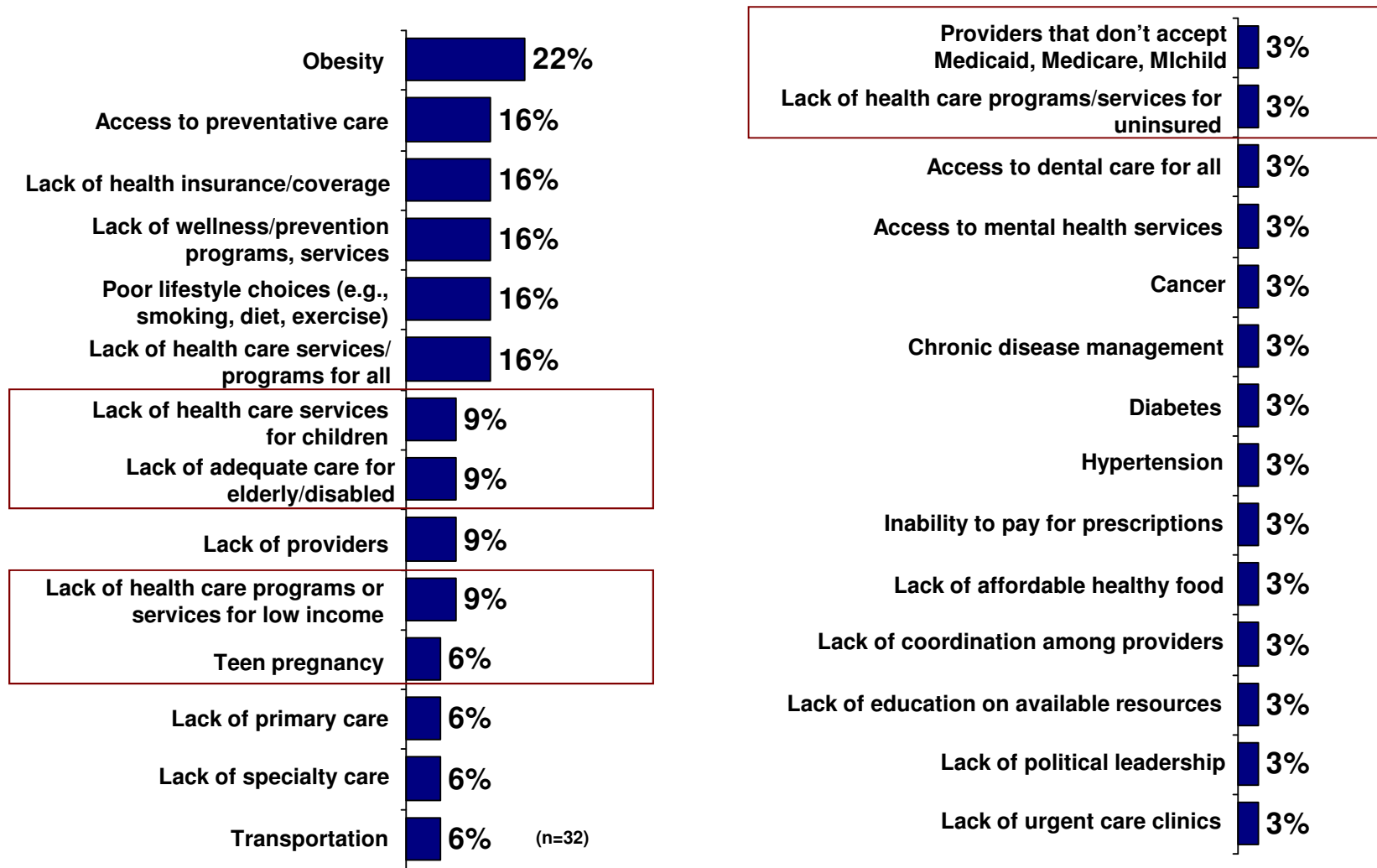
Q12. What, if any, impact do you think Federal Health Care Reform will have on health care in your community? (PROBE FOR FUTURE OF HEALTH CARE) Q12a. What impact will it have on health outcomes, if any? Q13. In concluding, do you have any additional comments on any issues regarding health or health care in Osceola and Lake counties that we haven't discussed so far?

Key Informant Online Survey

Health Conditions

Obesity is considered the single most pressing issue followed by concerns about **access to preventative care, lack of health care coverage, lack of wellness and prevention services, poor lifestyle choices, and lack of universal health care**. Other pressing health issues that are top of mind to Key Informants revolve around **lack of health care programs or services for specific populations** (e.g. children, elderly, disabled, low-income).

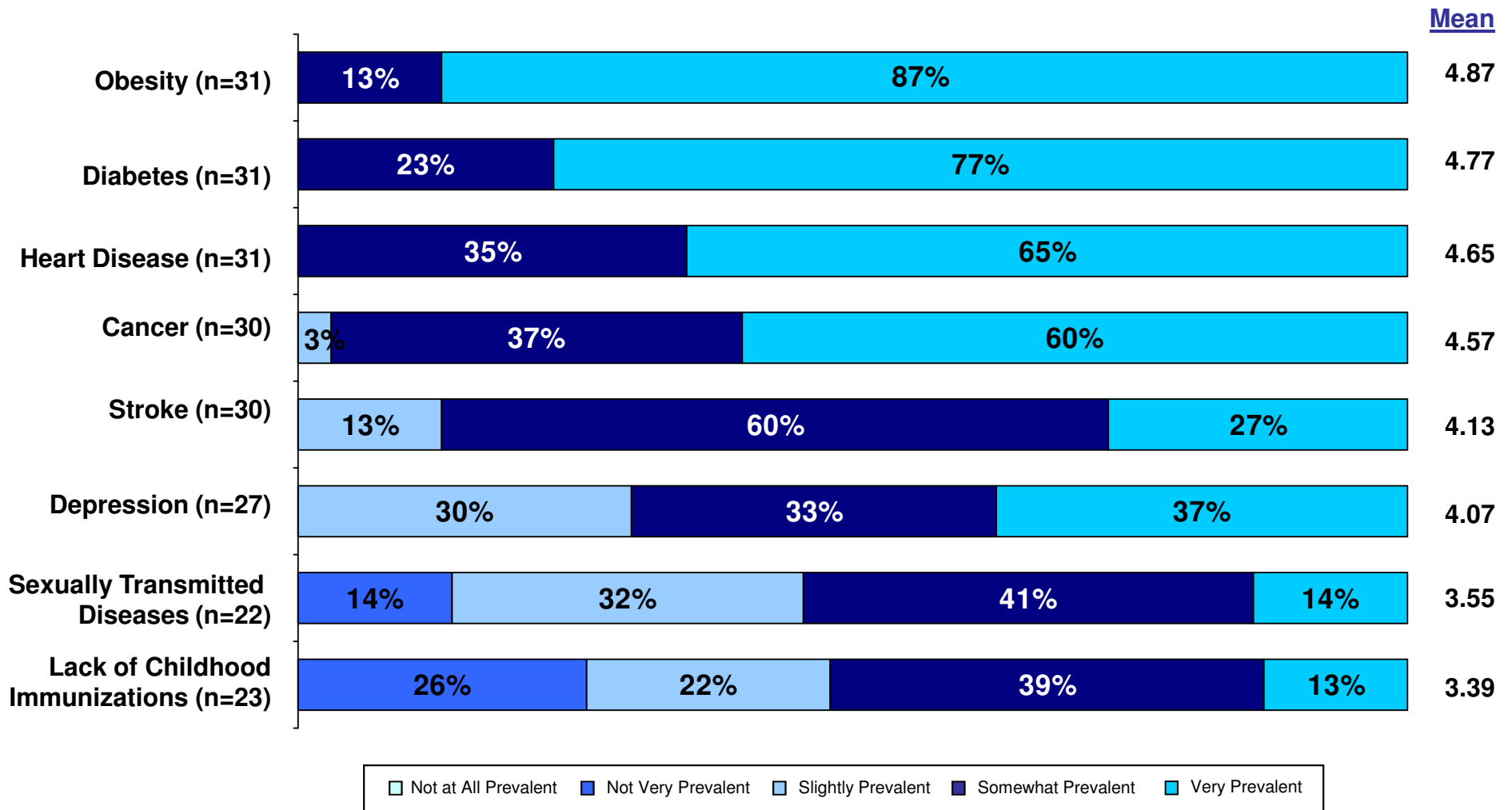
Most Pressing Health Needs or Issues in Osceola/Lake Counties (Volunteered)



Q1: To begin, what do you feel are the most pressing health needs or issues in Osceola/Lake Counties? Please be as detailed as possible. = specific subpopulations

Key Informants view **obesity** as the most prevalent health issue, by far, in Osceola/Lake counties, followed by **diabetes**, **heart disease**, and **cancer**. **Stroke** and **depression** are also cause for concern.

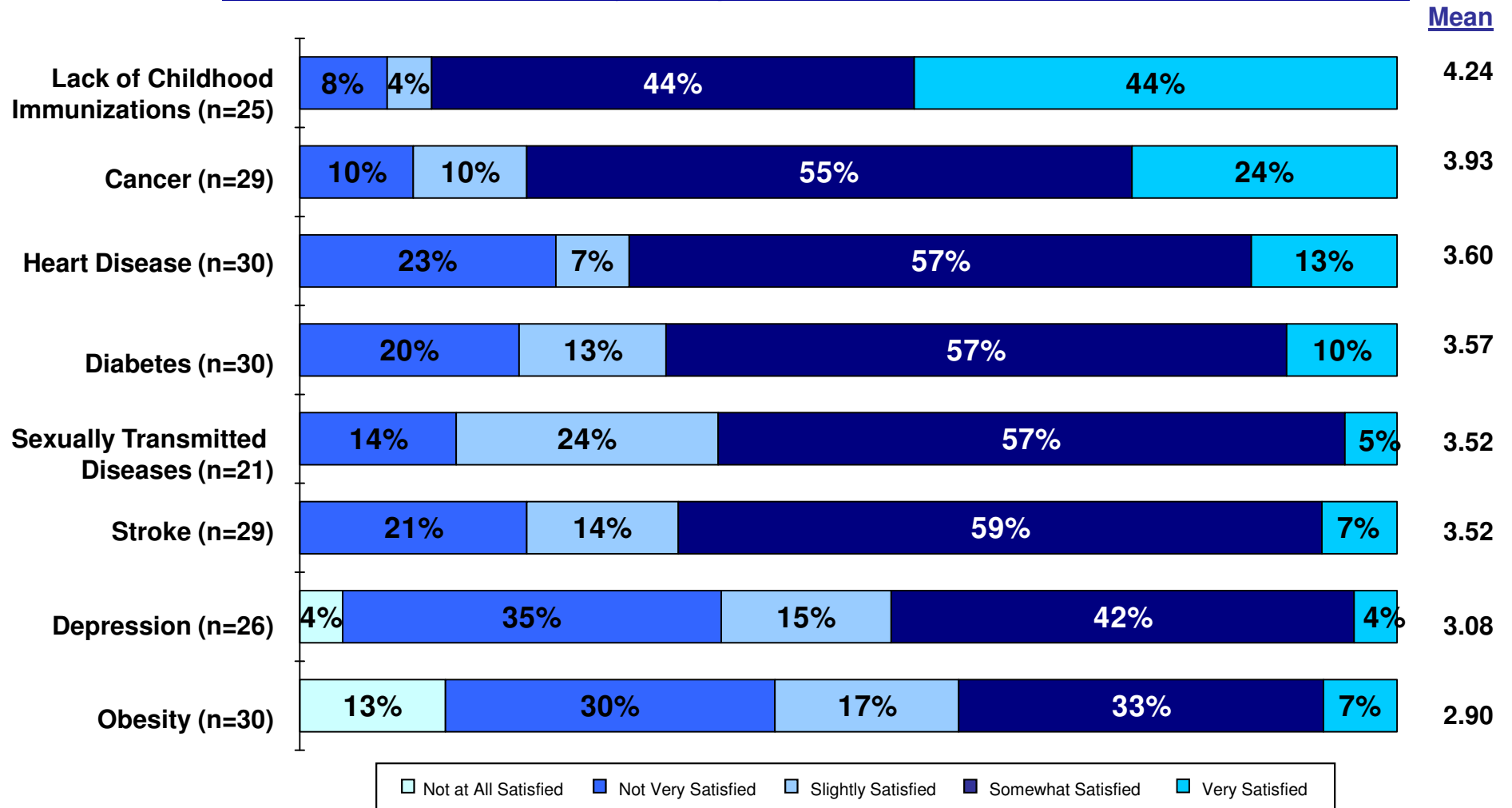
Prevalence of Health Issues in Osceola/Lake Counties



Q2: Please tell us how prevalent the following **health issues** are in Osceola/Lake Counties.

Key Informants are most satisfied with the community's response to **childhood immunizations**, followed by **cancer**. Conversely, they are least satisfied with the responses to **depression** and **obesity**.

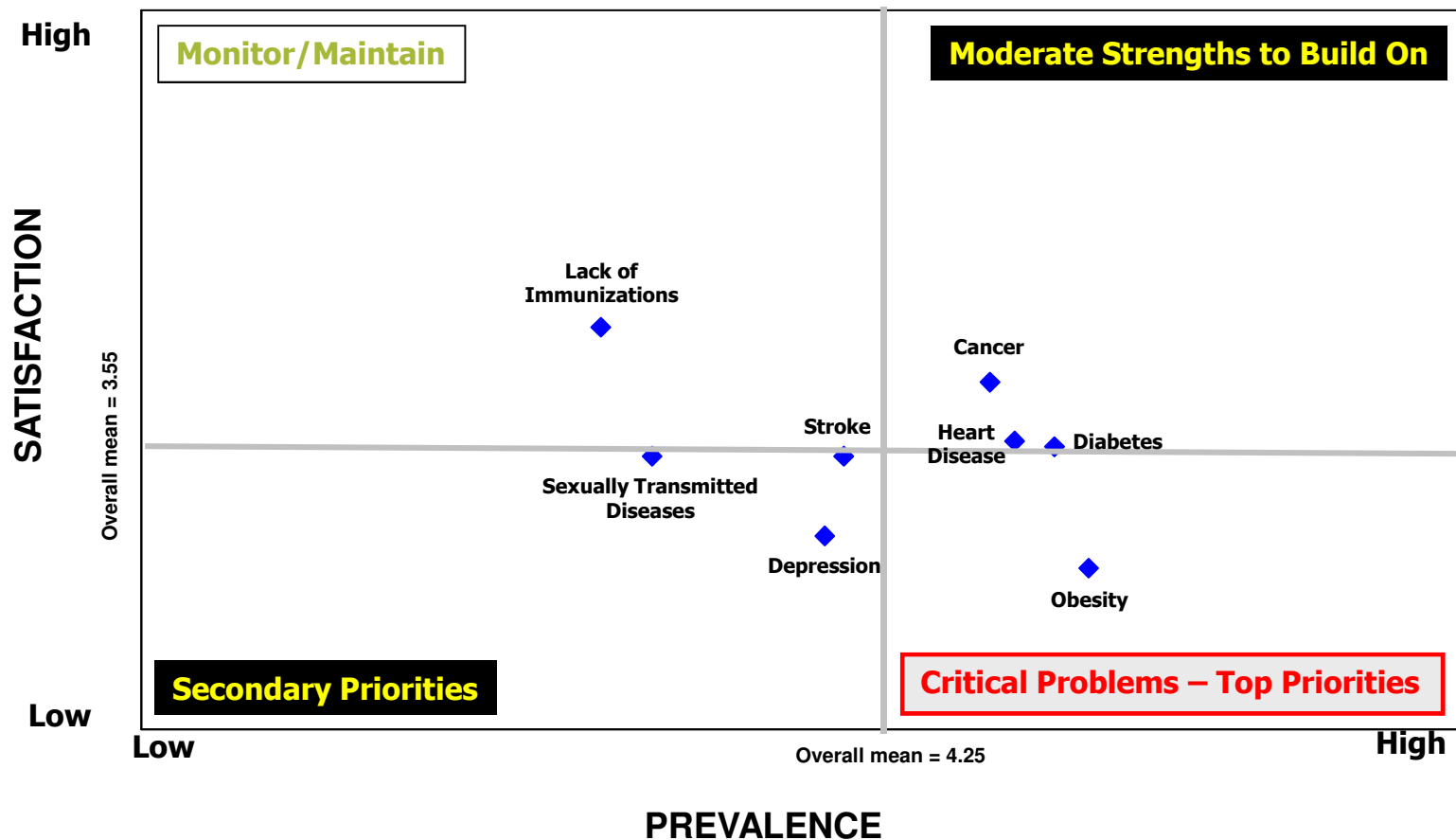
Satisfaction with Community's Response to Health Issues in Osceola/Lake Counties



Q2a: How satisfied are you with the community's response to these health issues?

The quadrant chart below depicts both **problem areas and opportunities**. The community's responses to **cancer, diabetes, and heart disease** are fairly strong because they are all prevalent and Key Informants are satisfied with the community responses. Conversely, **obesity** is a critical problem area because it is not only prevalent, but the community response has been less than satisfactory.

Performance of Community in Response to Health Issues in Osceola/Lake Counties



(n=32)

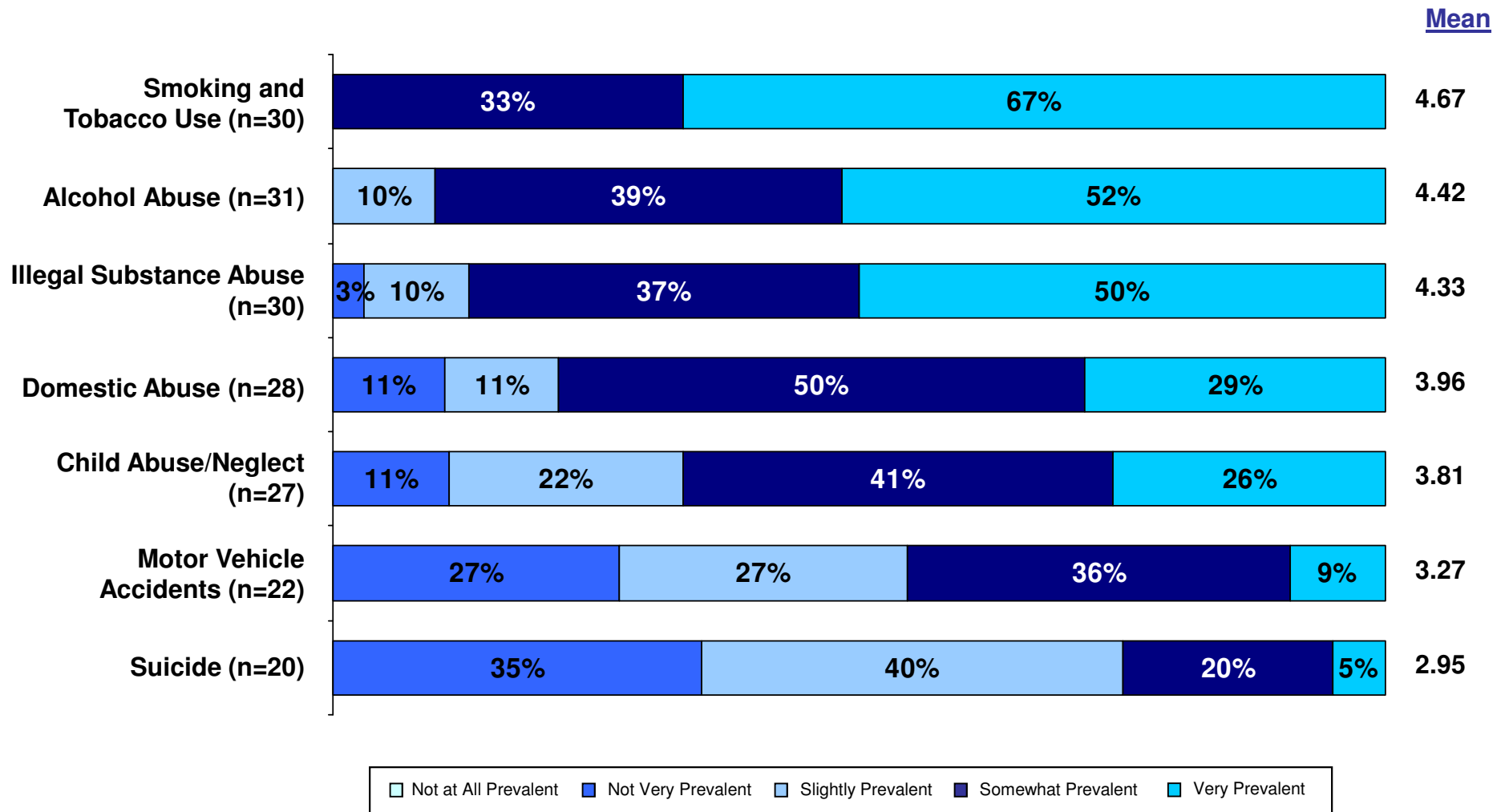
Q2: Please tell us how prevalent the following **health issues** are in Osceola/Lake Counties.?

Q2a: How satisfied are you with the community's response to these **health issues**? (1=Not at all satisfied, 2=Not very satisfied, 3=Slightly satisfied, 4=Somewhat satisfied, 5=Very satisfied)

Health Behaviors

According to Key Informants, **smoking and tobacco use** is the most prevalent negative health behavior in Osceola/Lake counties, followed by **alcohol abuse**, and **illegal substance abuse**. Suicide, although it exists, is not considered to be as prevalent as other health behaviors.

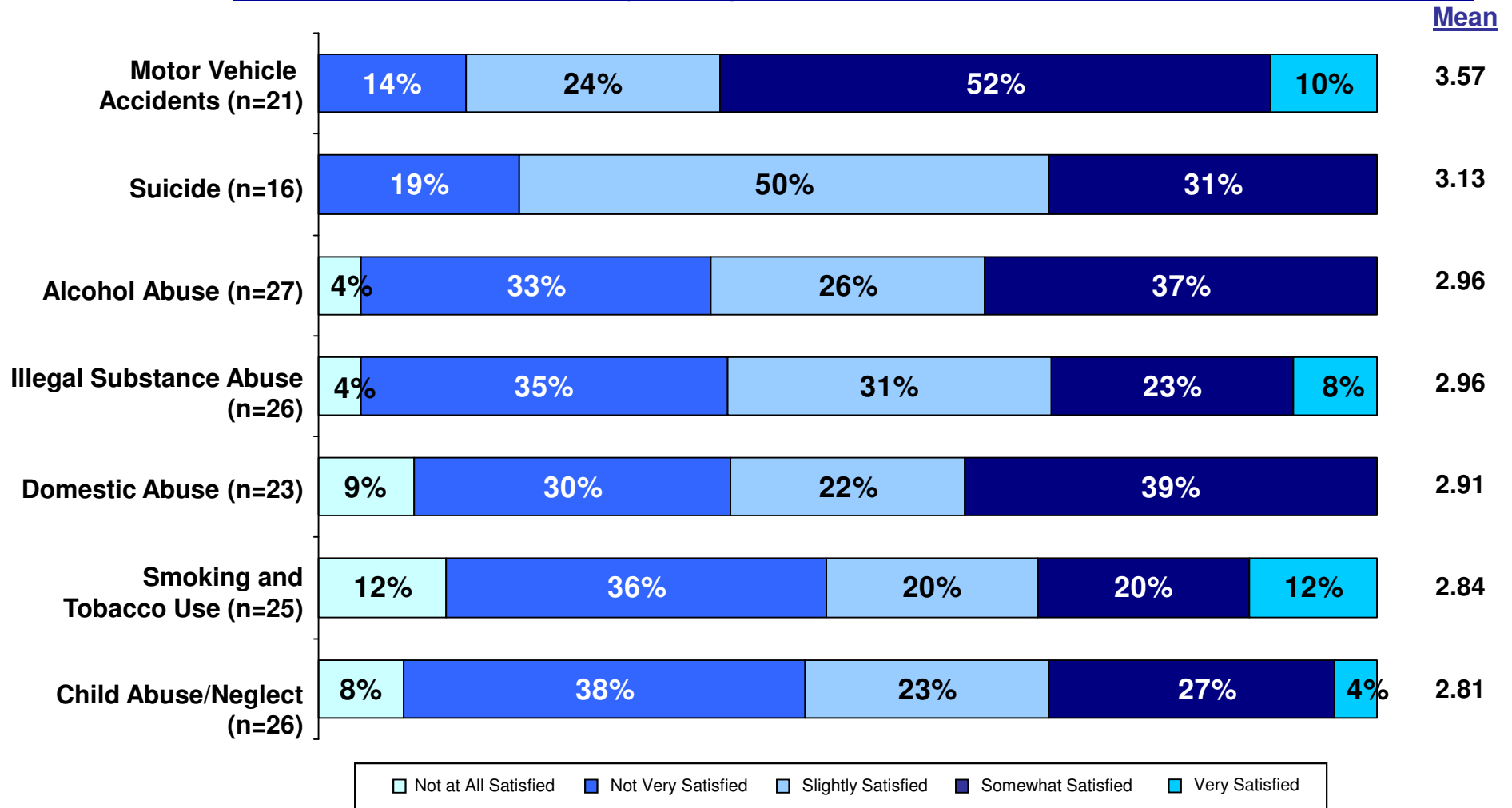
Prevalence of Health Behaviors in Osceola/Lake Counties



Q3: Please tell us how prevalent the following **health behaviors** are in Osceola/Lake Counties.

Key Informants' satisfaction with the community response to health behaviors overall is low to moderate. They are least satisfied with responses to **child abuse/neglect** and **smoking/tobacco use**, the latter of which is considered highly prevalent.

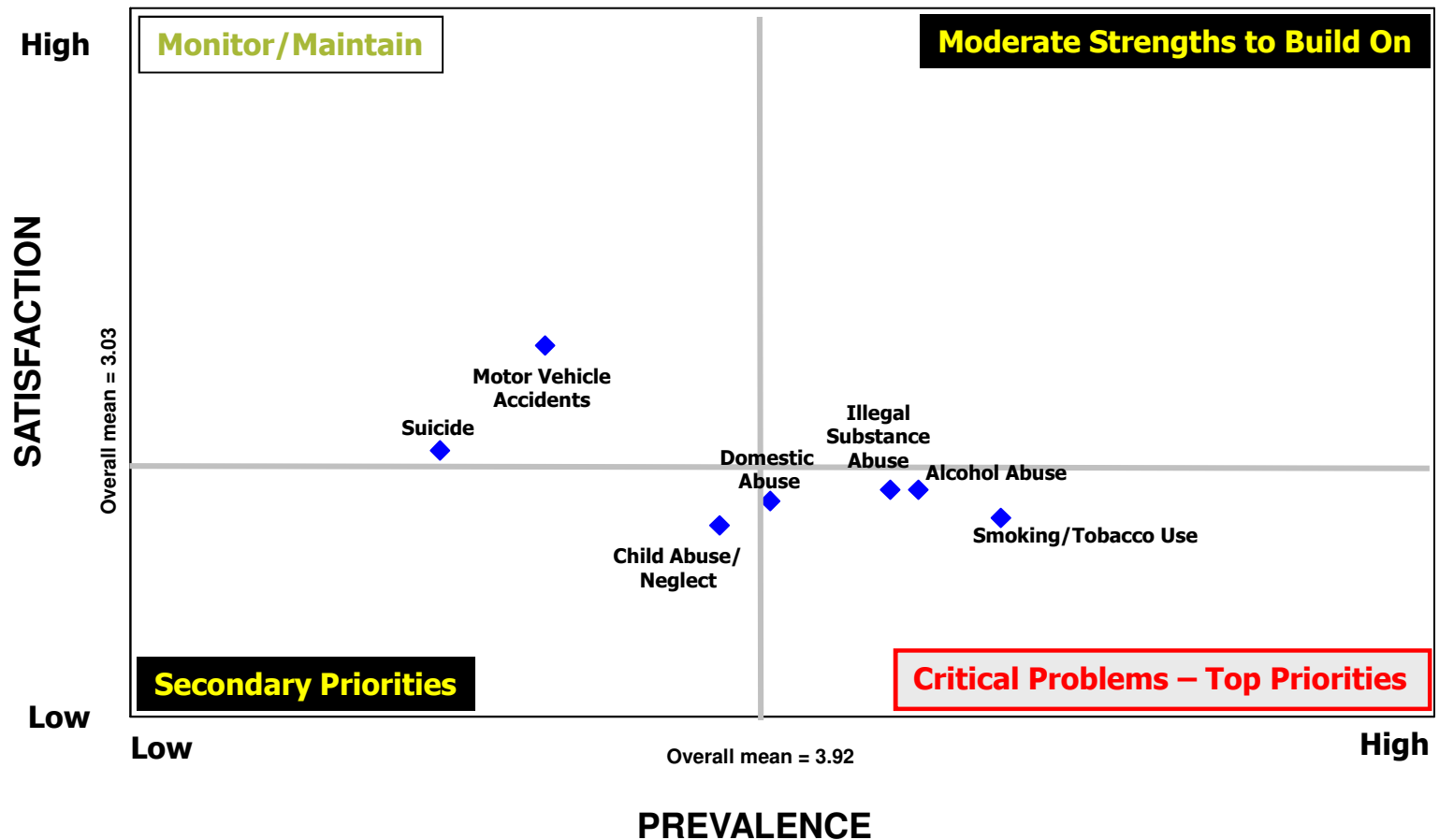
Satisfaction with Community's Response to Health Behaviors in Osceola/Lake Counties



Q3a: How satisfied are you with the community's response to these **health behaviors**?

Dissatisfaction with community response to health behaviors is demonstrated in the quadrant chart below. For example, four of the seven behaviors rated can be considered critical problems areas – **tobacco use, alcohol abuse, illegal substance abuse, and domestic abuse** – because they are prevalent but satisfaction with community response is low. Addressing tobacco use should be a top priority for health care professionals in Osceola and Lake counties.

Performance of Community in Response to Health Behaviors in Osceola/Lake Counties



(n=31)

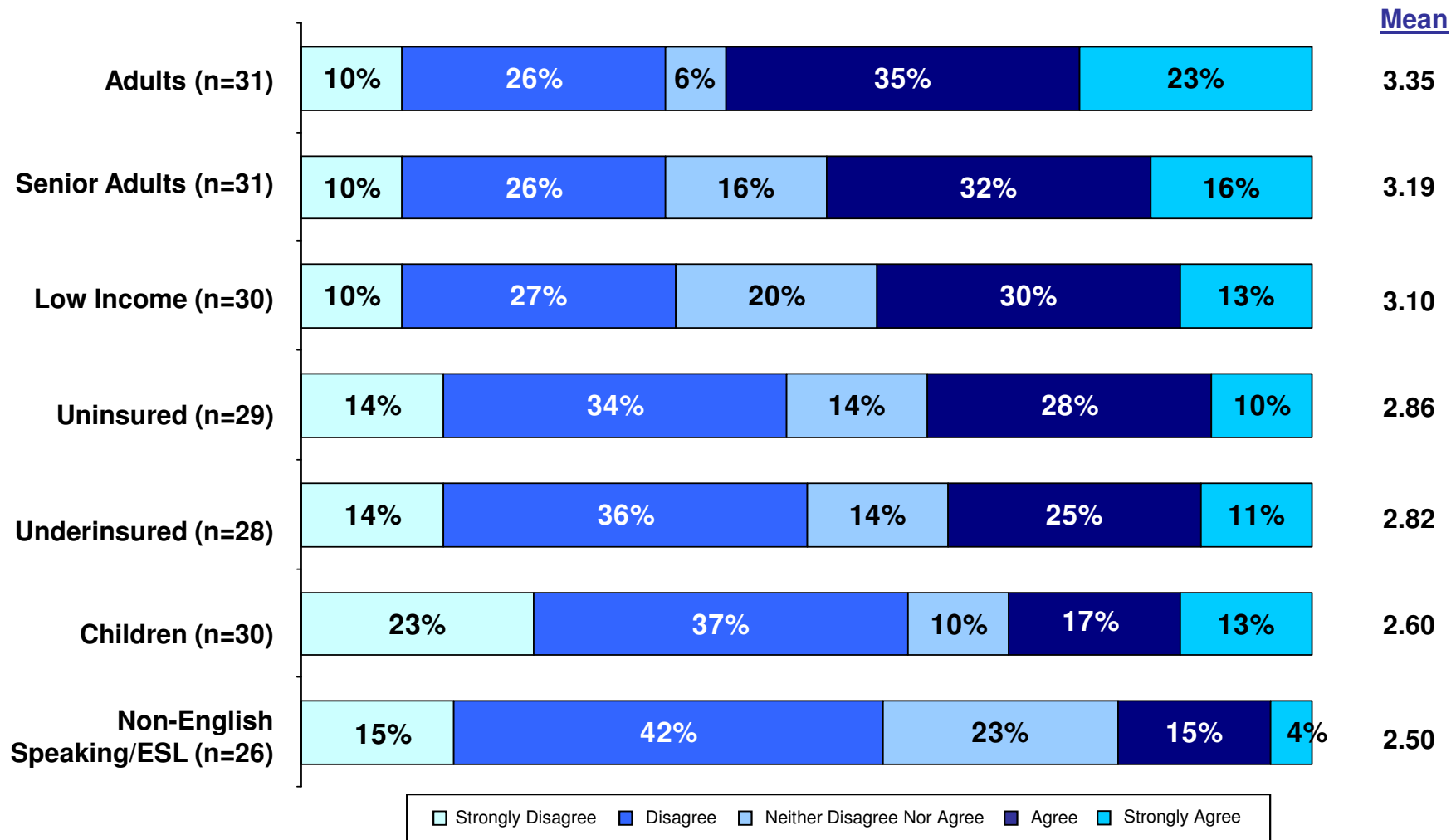
Q3: Please tell us how prevalent the following **health behaviors** are in Osceola/Lake Counties.

Q3a: How satisfied are you with the community's response to these **health behaviors**? (1=Not at all satisfied, 2=Not very satisfied, 3=Slightly satisfied, 4=Somewhat satisfied, 5=Very satisfied)

Access to Health Care

Adults and **senior adults** have the greatest variety and choice of primary medical care options, although there is room for improvement as roughly one in three disagrees with this perspective. **Children** and residents who are **non-English speaking** find their options far more limited when it comes to primary medical care.

Perceptions of Variety and Choice of Primary Medical Care Options



Q4: Please tell us your level of agreement with the following statements about the variety and choices of primary medical care in Osceola/Lake Counties.

Reasons cited for lack of primary care options for children center around the ***lack of pediatric care, lack of choice for primary care providers, and the time required to get an appointment.***

Reasons for Perceiving a Lack of Primary Medical Care Options for Children

No pediatricians and few choices for OB/GYN that are accessible.

Not enough providers.

There are very few choices in the area for care.

There is a FQHC in Lake County, outside of that there are limited choices for primary care.

There is no pediatrician in our area that I am aware of.

We have just one source- Family Health Care- not saying they don't do the job, just saying there is not a wide variety and choice of primary care providers

We only have one place to go to and sometimes have to wait 2 - 4 weeks to get an appointment

While the rural health clinic is available to the children, to my knowledge there are no pediatricians on staff.

Q4a: (If Strongly Disagree/Disagree/Neutral) Why do you [INSERT RATING] that there is a wide variety and choice of primary care for children?

Adults find several barriers to primary medical care access such as the ***small number of primary care physicians, limited number of clinics*** in the region, and ***restricted clinic hours***. In addition, the ***clinic is perceived as being for low income or single mothers***, a perception that, because of any attached stigma, may influence some members of the community to seek medical care elsewhere.

Reasons for Perceiving a Lack of Primary Medical Care Options for Adults

Adults get the required medical attention and services when needed.

As far as I know there are about three physicians available for primary care; therefore, I would not classify that as wide variety.

I am told there aren't weekend or after hour primary care hours. Also, I am under the impression it can take 2 to 3 weeks to get an appointment.

Only one medical clinic in our immediate area.

There are not many health care providers in the area.

We only have family health service in Baldwin.....no real doctor clinics on a known basis. The perception is it is for low income or single mothers. We have no 24 hour emergency room in our county.

Q4a: (If Strongly Disagree/Disagree/Neutral) Why do you [INSERT RATING] that there is a wide variety and choice of primary care for adults?

Senior adults are limited in their options for primary medical care for several reasons. First, there is a **large population** of seniors requiring frequent service, however there is **only one medical care facility** in the counties. Second, there are **no full-time geriatric specialists** in the area and most providers are physician assistants or nurse practitioners, not doctors. Third, there is no urgent care close by.

Reasons for Perceiving a Lack of Primary Medical Care Options for Senior Adults

Family Health Care is the only provider in Lake County and the majority of providers are PA or NP, not providers the senior adults want to see.

Geriatric specialty not available in this area full-time.

In my opinion, there is a large senior adult population in Lake County. These individuals require more frequent care than the small rural health clinic is able to adequately provide.

Much more can be done for seniors in this community.

Not enough providers

Only one Primary Care clinic in Lake County

There are not many care facilities in the area.

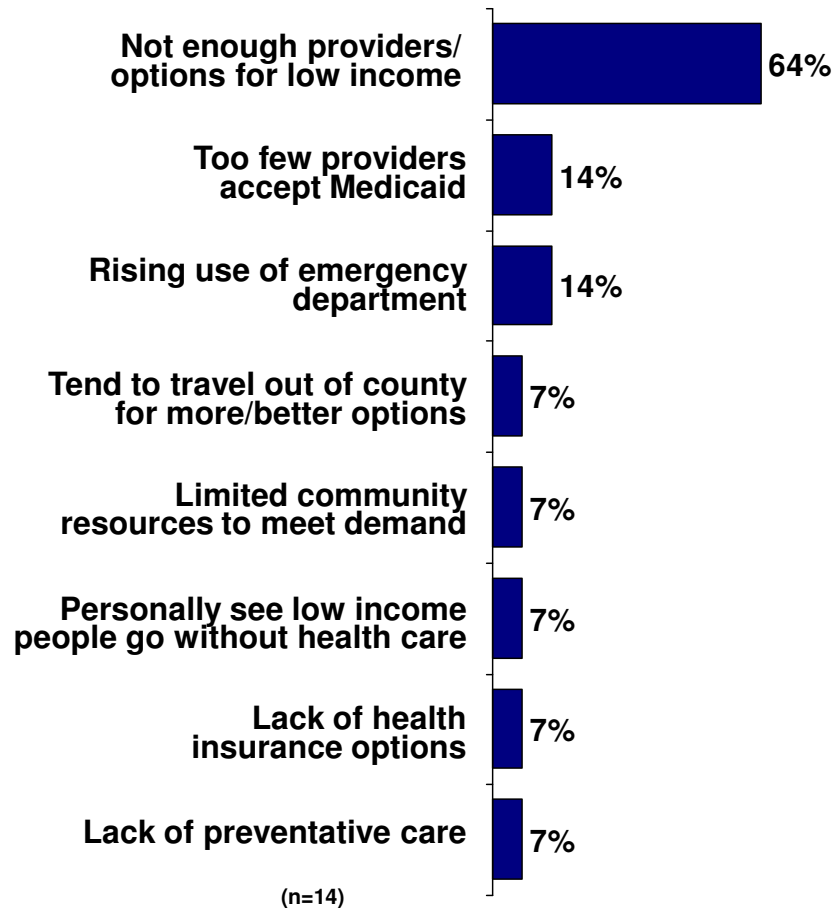
When urgent care is provided, the location of necessary services are not close by.

Q4a: (If Strongly Disagree/Disagree/Neutral) Why do you [INSERT RATING] that there is a wide variety and choice of primary care for senior adults?

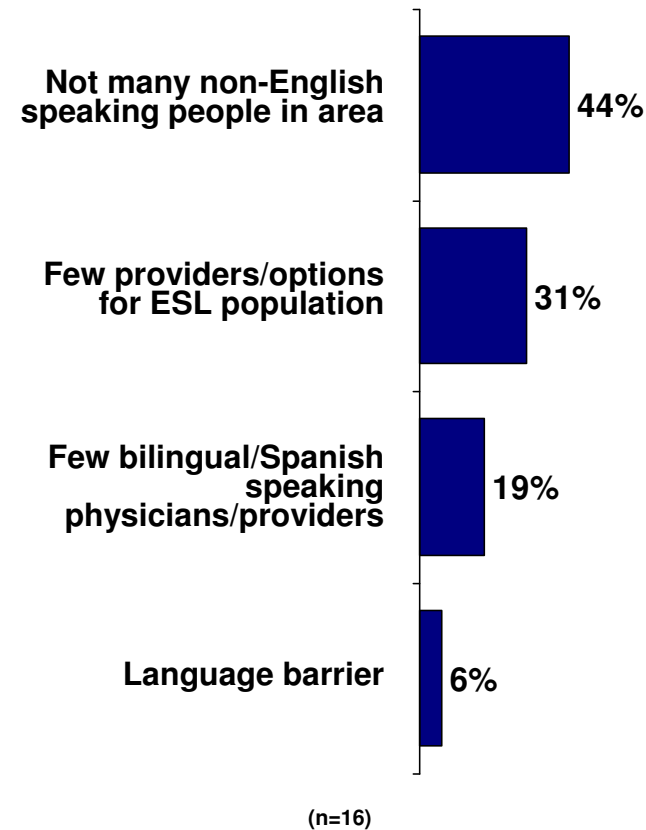
The greatest obstacle to primary medical care for low income patients is **too few providers or options**. In addition, **too few providers accept Medicaid** patients. Lacking primary care providers, many low income patients **use the emergency department** for medical care instead. Although there are few non-English speaking people in the area, **the lack of options** overall is seen as their greatest hurdle.

Reasons for Perceiving a Lack of Primary Medical Care Options for Underserved Populations

Low Income Population



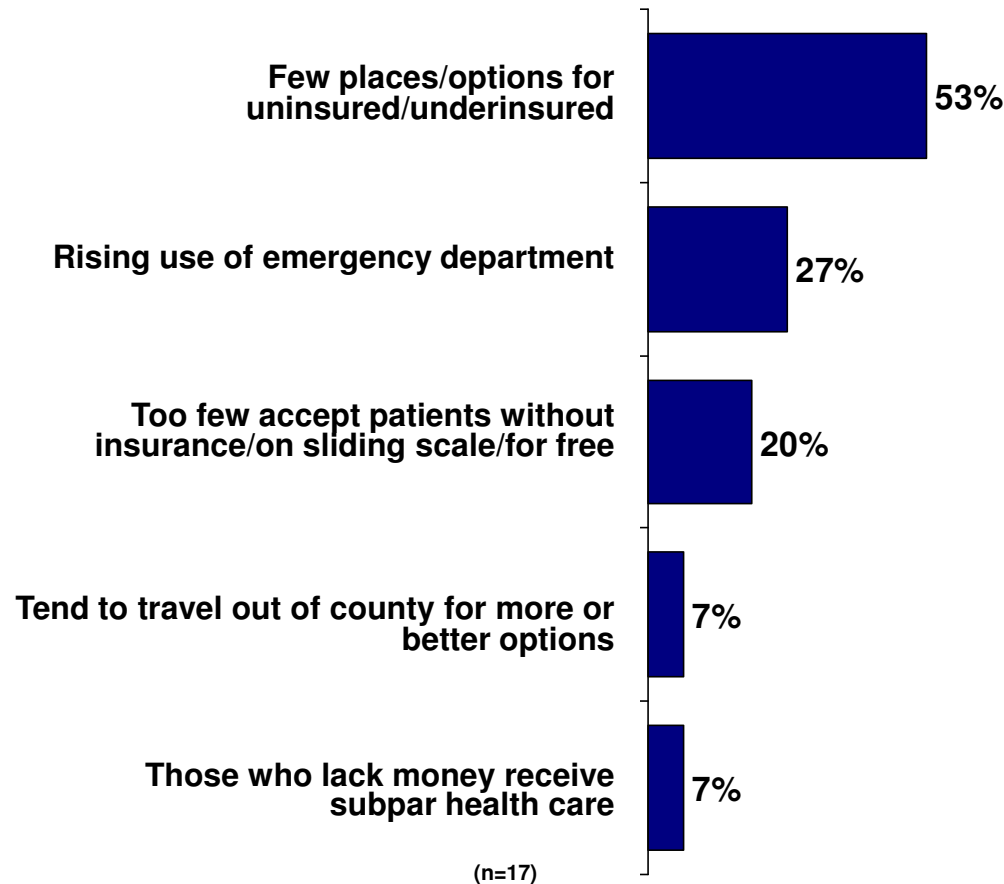
ESL Population



Q4a: (If Strongly Disagree/Disagree/Neutral) Why do you [INSERT RATING] that there is a wide variety and choice of primary care for low income/ESL?

The uninsured/underinsured also find ***too few providers or options*** to meet their medical needs and find ***few providers who accept patients without coverage***. Increasing numbers of the uninsured/underinsured use ***the emergency department*** instead of primary care providers.

Reasons for Perceiving a Lack of Primary Medical Care Options for Uninsured/Underinsured

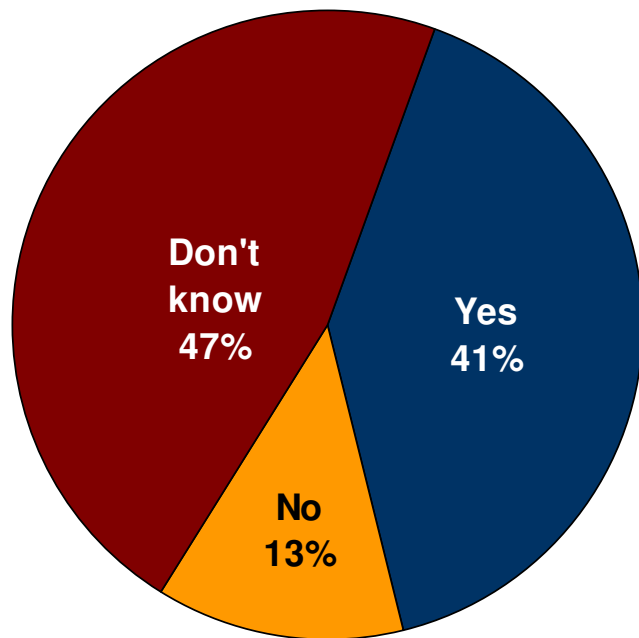


Q4a: (If Strongly Disagree/Disagree/Neutral) Why do you [INSERT RATING] that there is a wide variety and choice of primary care for uninsured/underinsured?

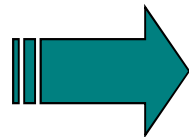
Although nearly half of Key Informants (47%) are unaware of subpopulations in Osceola/Lake counties that are underserved with respect to health care, a substantial minority (41%) identified several populations at risk including **children** and **those who lack insurance**, either completely or partially.

Subpopulations Underserved with Regard to Health Care

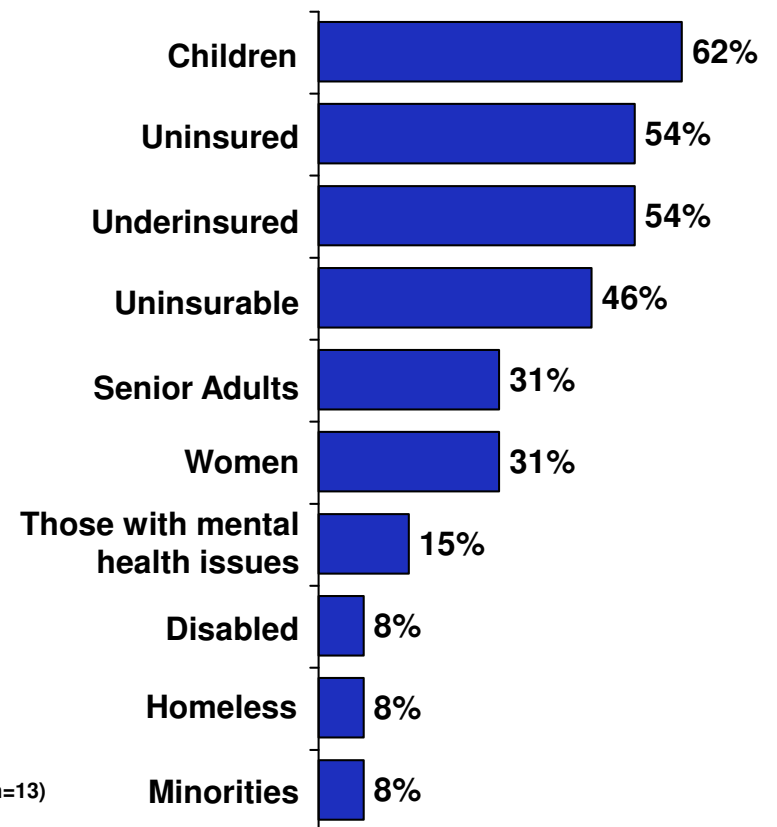
Are Specific Subpopulations or Groups Underserved?



(n=32)



Subpopulations or Groups Underserved



(n=13)

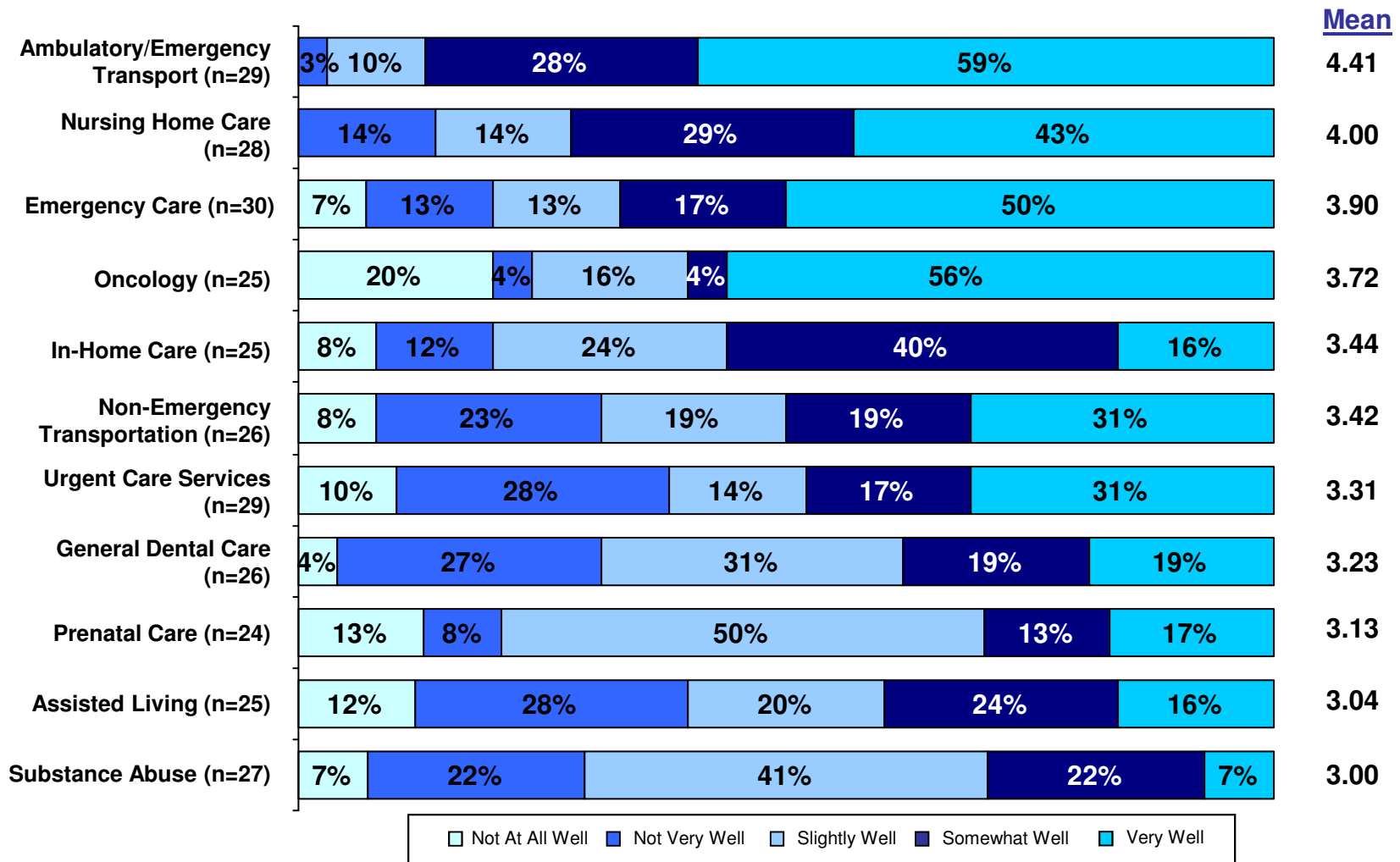
Q5: Are there specific subpopulations or groups of people in Osceola/Lake Counties that are underserved with regard to health care?

Q5a: (If yes) Which of the following subpopulations are underserved? (Multiple responses allowed)

Gaps in Health Care

Emergency transportation receives the highest marks, by far, among Osceola/Lake counties' programs or services. Several other programs, such as **nursing home care**, **emergency care**, and **oncology**, are also well respected by Key Informants.

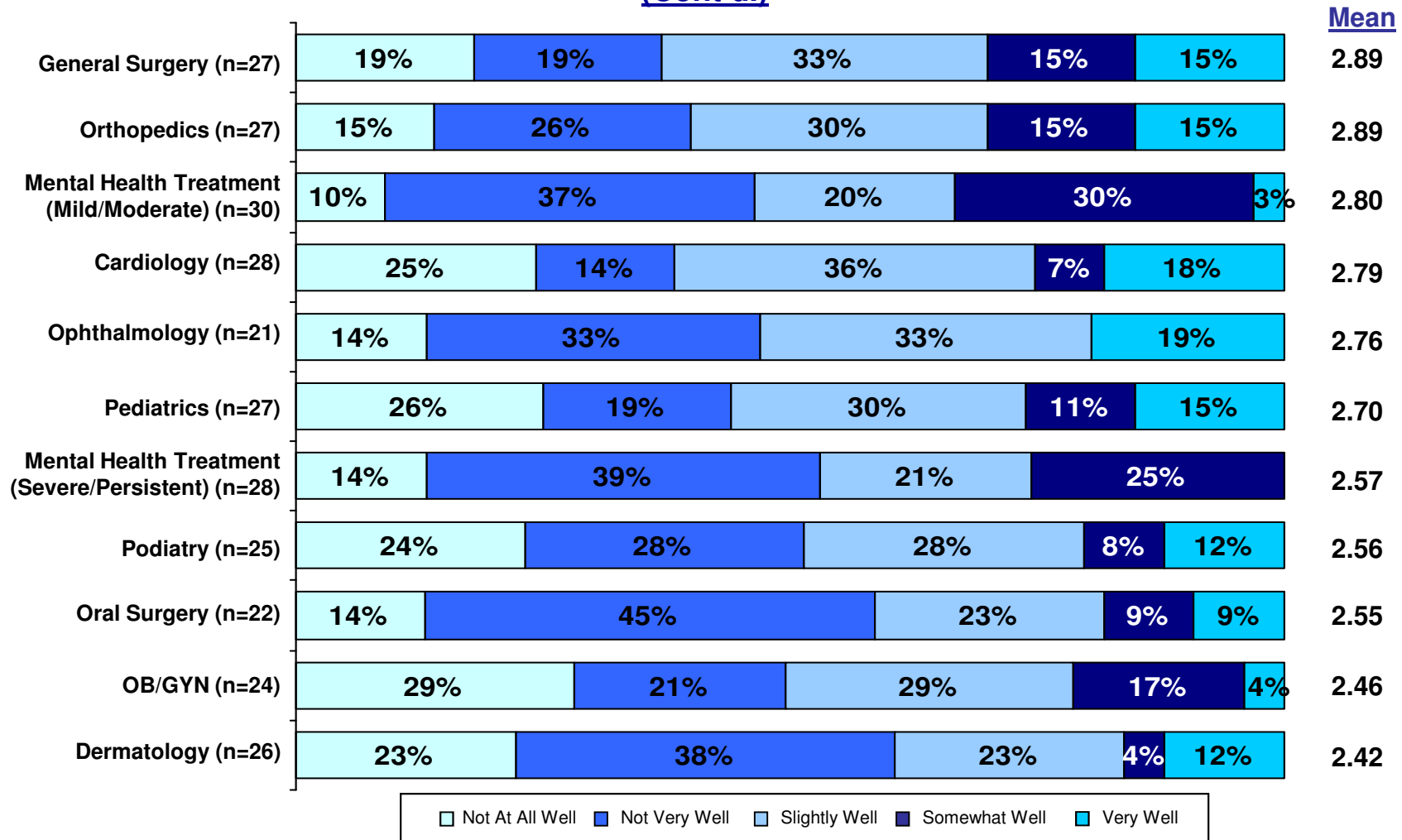
Degree to Which Programs/Services Meet the Needs/Demands of Osceola/Lake Counties' Residents



Q6: How well do the following programs and services meet the needs and demands of Osceola/Lake Counties' residents?

Osceola/Lake counties' programs or services receiving the lowest marks for meeting the needs of residents are those related to several specialized areas specifically, **OB/GYN**, **dermatology**, **oral surgery** and **podiatry**. Treatment for **severe or persistent mental health conditions** is also an area of great need.

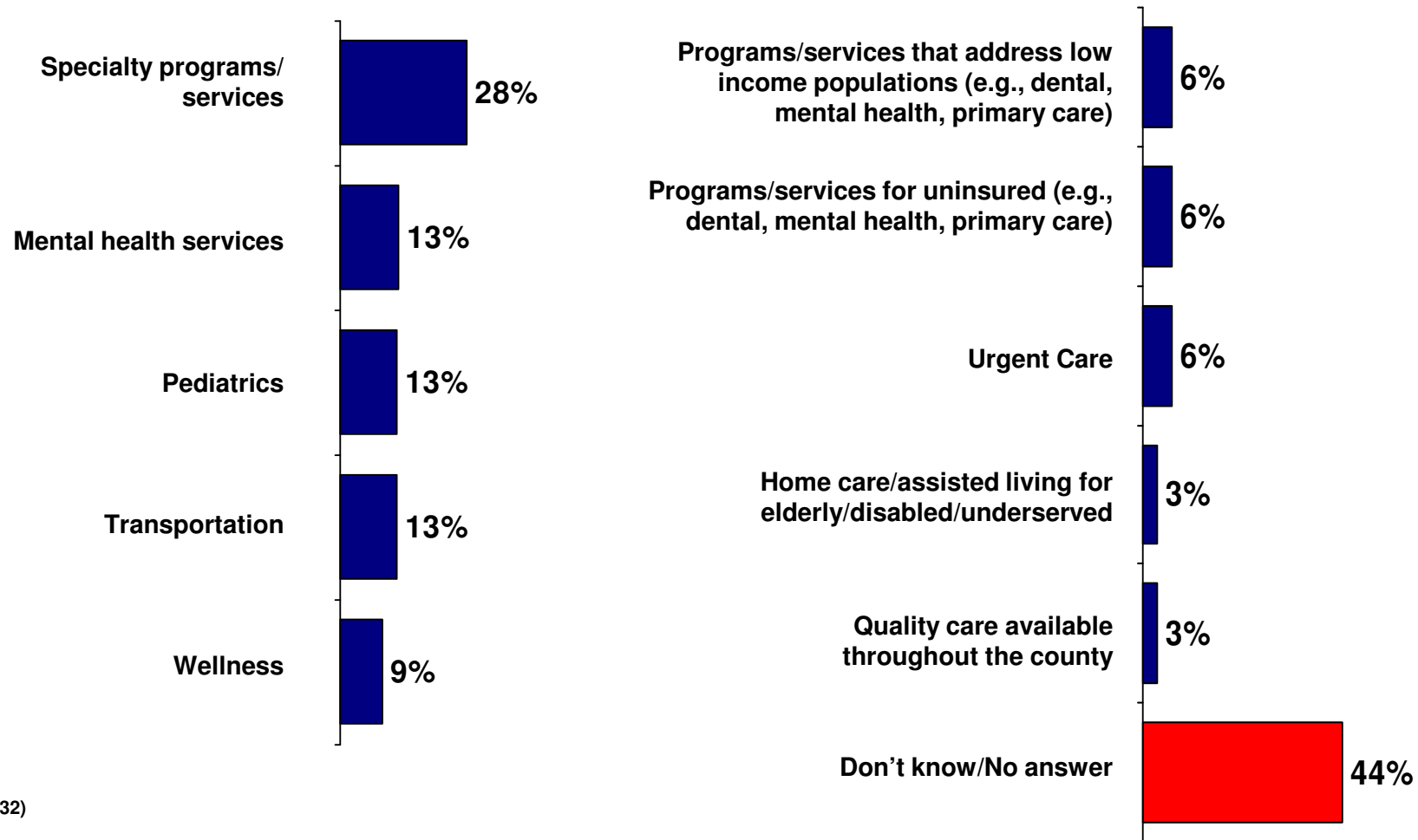
Degree to Which Programs/Services Meet the Needs/Demands of Osceola/Lake Counties' Residents
(Cont'd.)



Q6: How well do the following programs and services meet the needs and demands of Osceola/Lake Counties' residents?

More than four in ten Key Informants cannot think of any programs or services that are lacking in Osceola or Lake counties. Those who can, mention **specialty programs/services** most often, followed by services for **mental health, pediatrics**, and **transportation**.

Programs/Services Lacking in Osceola/Lake Counties



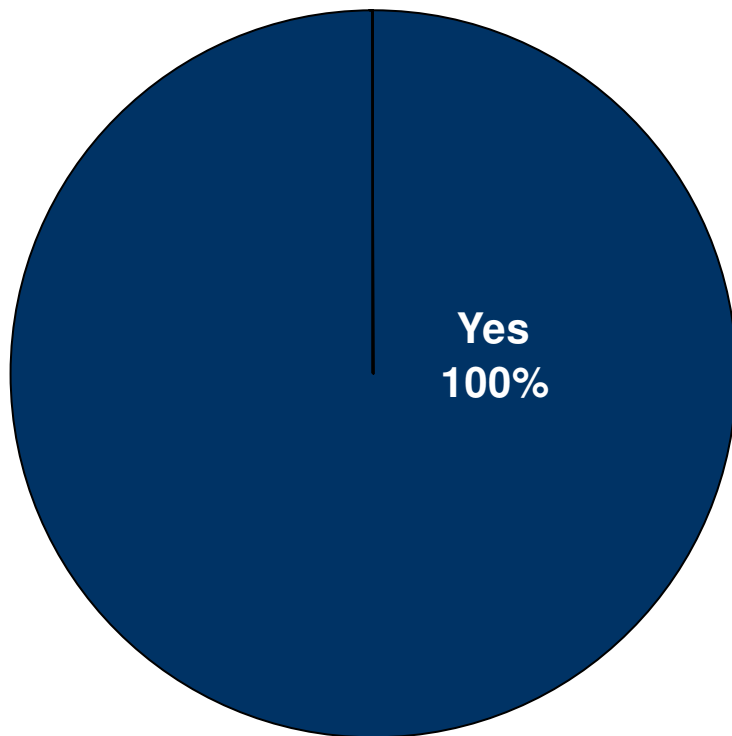
(n=32)

Q7: What programs or services are **lacking** in the community, if any? Please be as detailed as possible.

All Key Informants have had (or know someone who has had) to travel outside of Osceola/Lake counties for health care for a variety of conditions. Most commonly, residents travel to other counties for **specialized care**, **treatment of cancer**, or for **surgery**.

Traveling Outside of Osceola/Lake Counties for Health Care

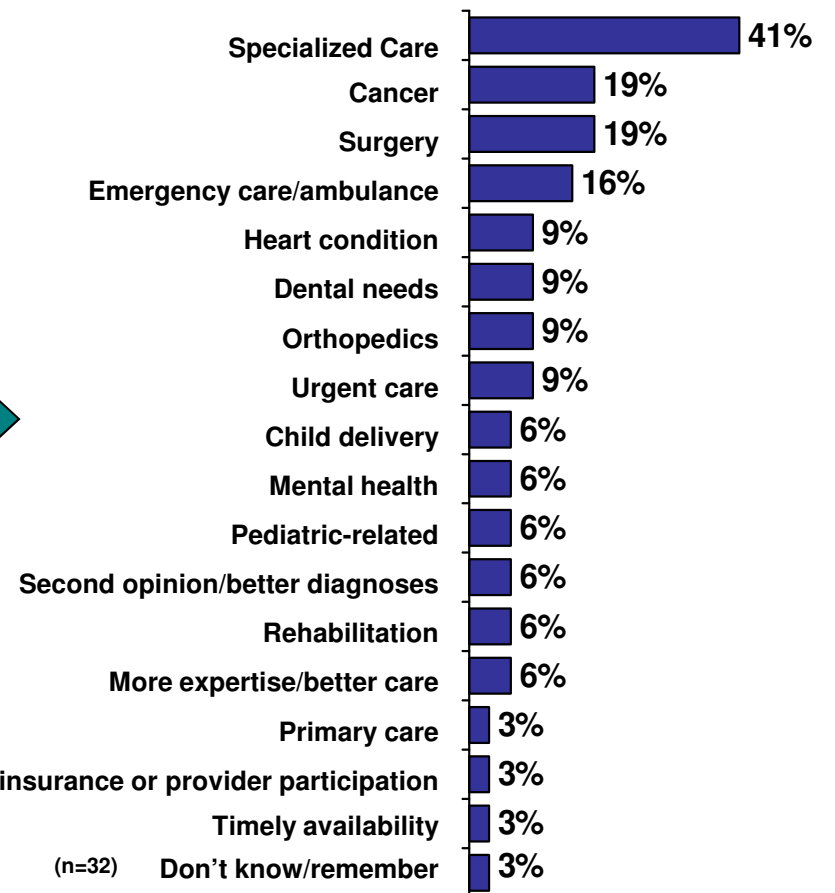
Had Health Issue/Need Requiring Travel Outside Osceola/Lake Counties



(n=32)



Reasons for Traveling Outside Osceola/Lake Counties



(n=32)

Q8: Have you, or someone you know, ever had a health issue or need that necessitated travel outside of Osceola/Lake Counties for health care?

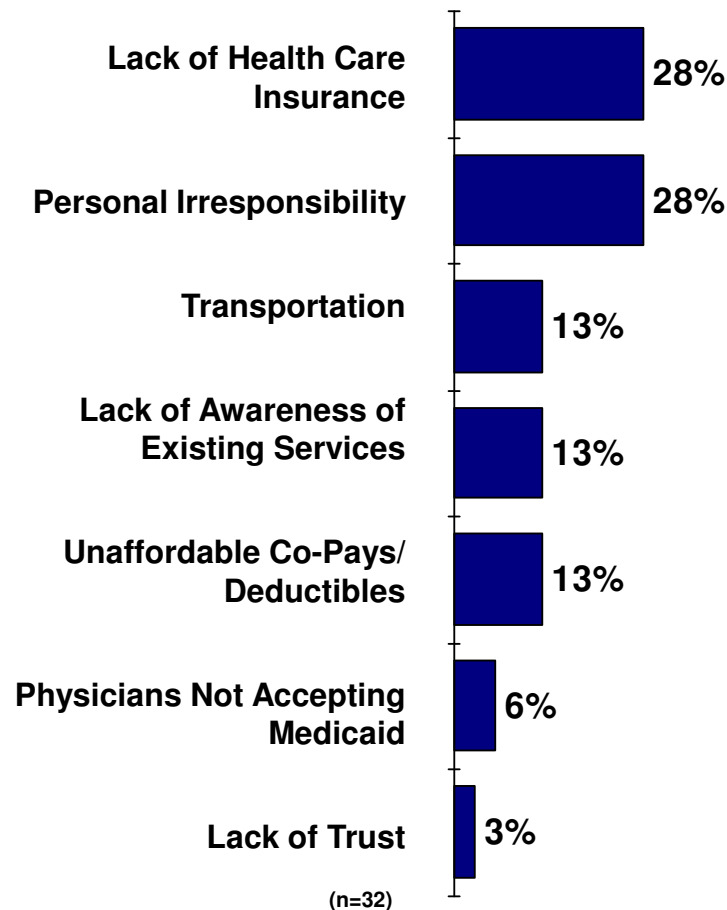
Q8a: (If yes) What necessitated travel outside of Osceola/Lake Counties for health care, and why? Please be as detailed as possible.

Barriers to Health Care

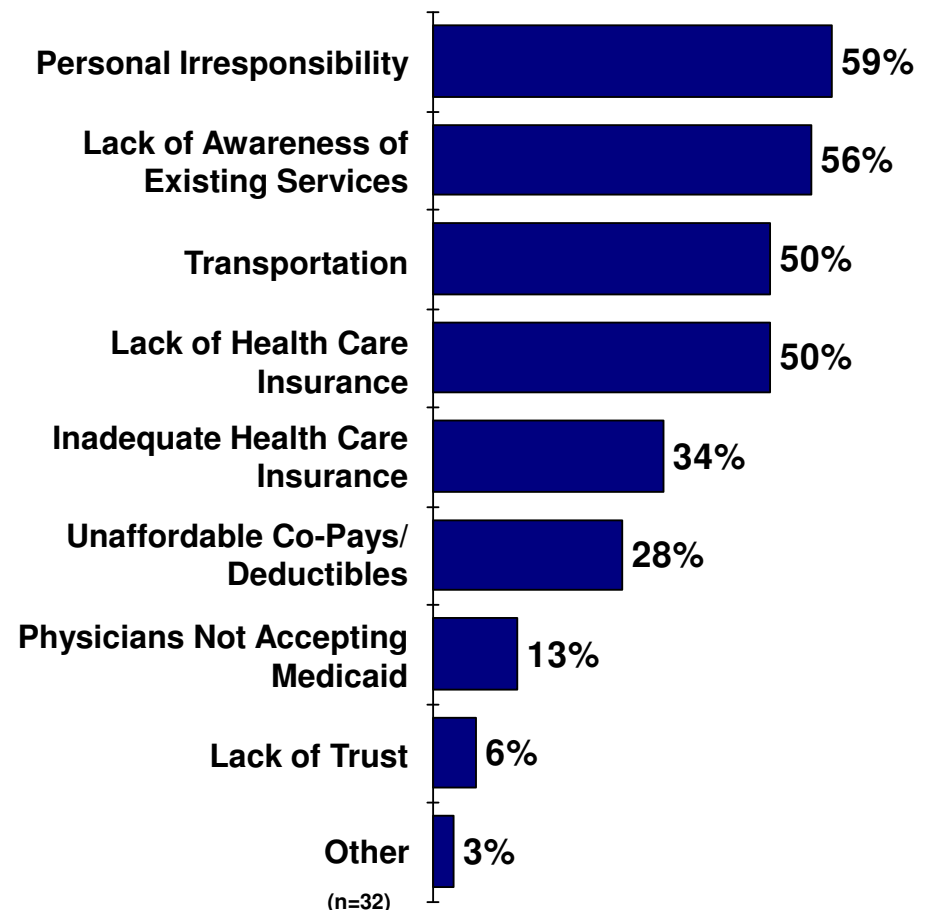
According to Key Informants, **lack of health care insurance** and **personal irresponsibility** are the top barriers or obstacles to accessing health care programs and services. **Transportation**, **lack of awareness**, and **unaffordable co-pays or deductibles** are also viewed as barriers.

Barriers and Obstacles to Health Care

Single Greatest Barrier/Obstacle



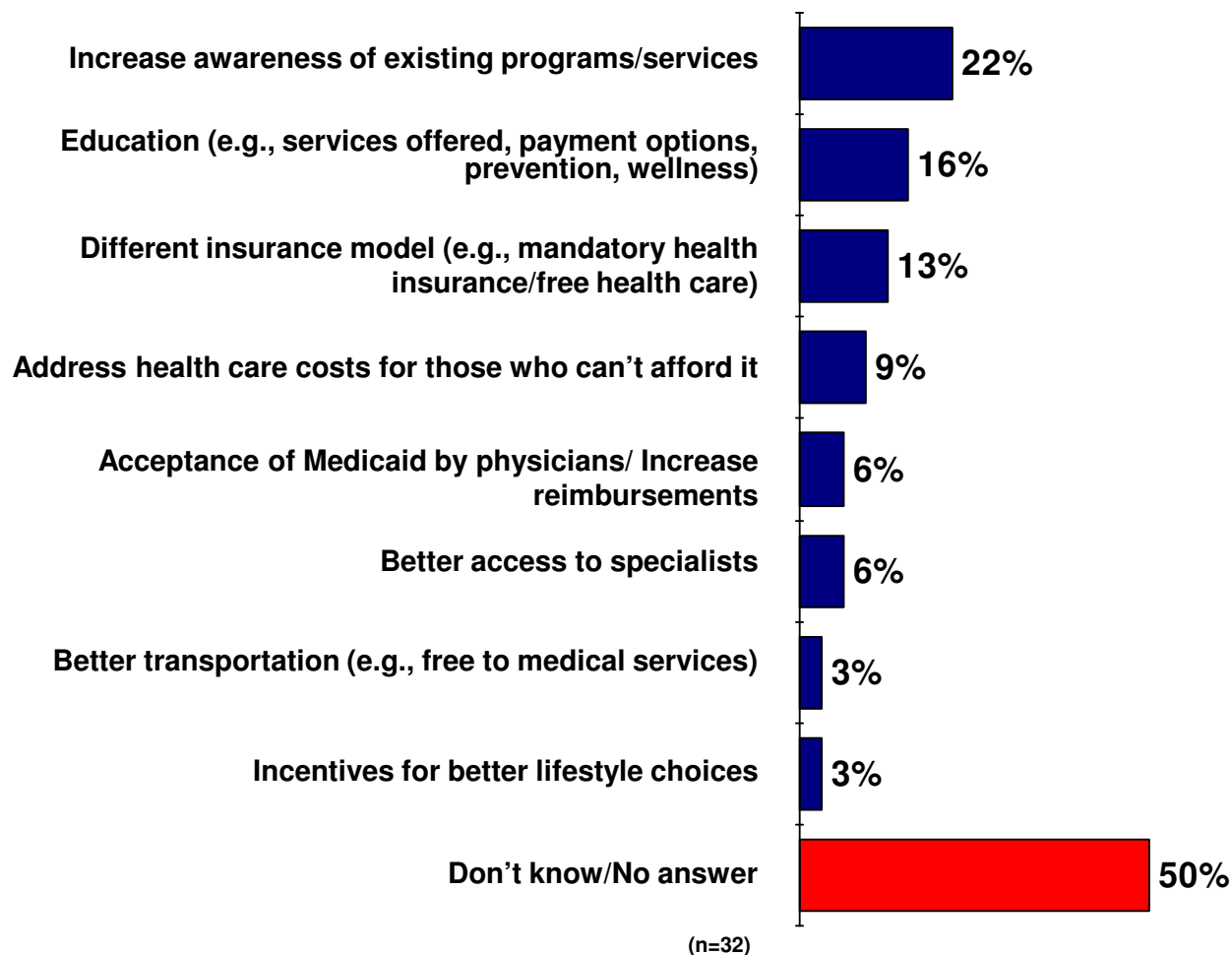
Top 3 Barriers/Obstacles



Q9: What are the **top three barriers** or obstacles to health care programs and services? Please rank from 1 to 3, where 1 is the greatest barrier, 2 is the second greatest barrier, and 3 is the third greatest barrier.

The most often cited solution to barriers and obstacles to health care is **increased awareness of existing programs/services**. However, it is mentioned by less than one-fourth of the Key Informants. Suggestions are varied and are targeted toward solving the problem of barriers, including **education, different models of health insurance, addressing health care costs for those who can't afford it, more acceptance of Medicaid, and better access to specialists**. Because this is a complex issue, half of Key Informants offer no solutions.

Effective Solutions to Barriers and Obstacles to Health Care

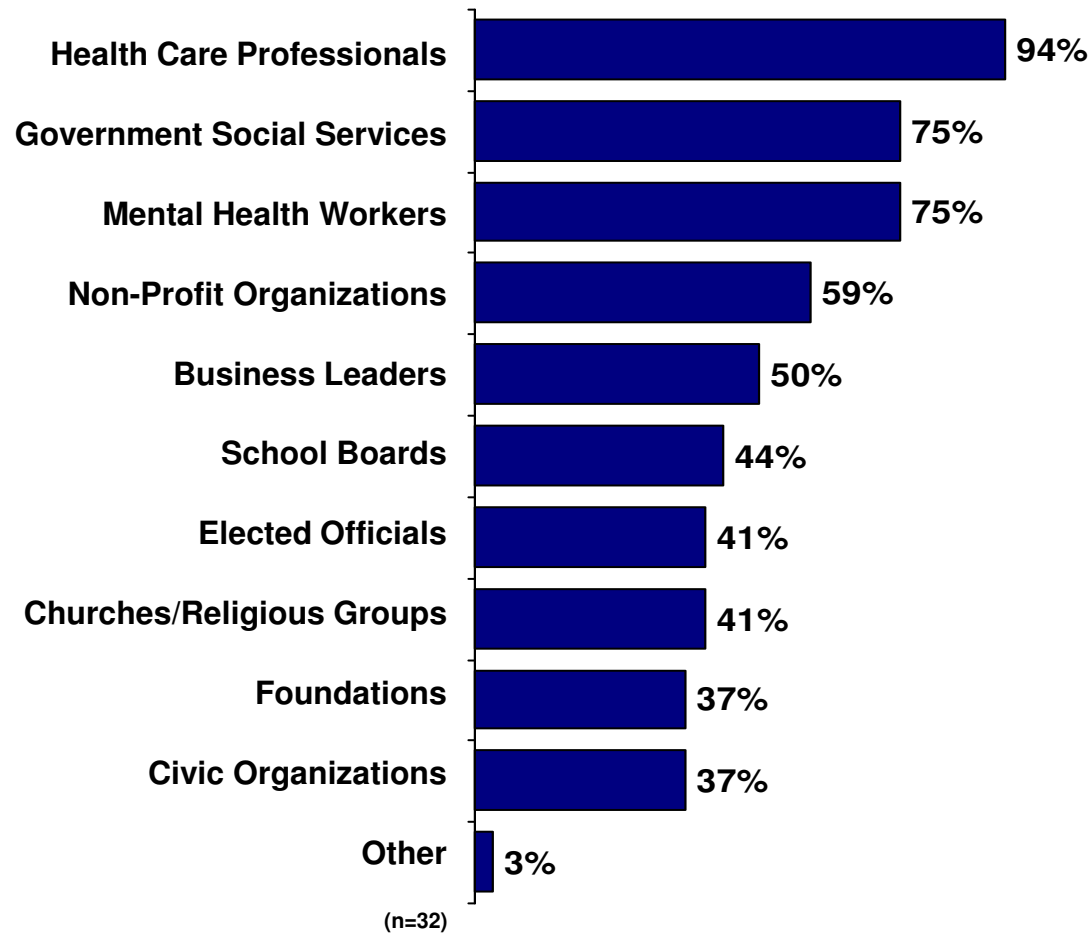


Q9a: What, if any, are the **effective solutions** to these barriers? Please be as detailed as possible and identify which problems you are referring to when discussing solutions.

Identifying and Addressing Needs

Key Informants believe input about addressing health care needs should be spread across a variety of groups or individuals, the most important being **health care professionals**, **government social services**, and **mental health workers**. Less important are **civic organizations** and **foundations**.

Individuals and Organizations that Should be Involved in Addressing Identified Health and Health Care Needs



Q10: What individuals or organizations should be involved in addressing identified health and health care needs in the county? (Multiple responses allowed)

The most important element to the success of health care programs or services is ***ongoing funding or sustainability***. Also important are ***communication between organizations***, the ***formation of common goals*** among them, and ***inviting all stakeholders to participate***.

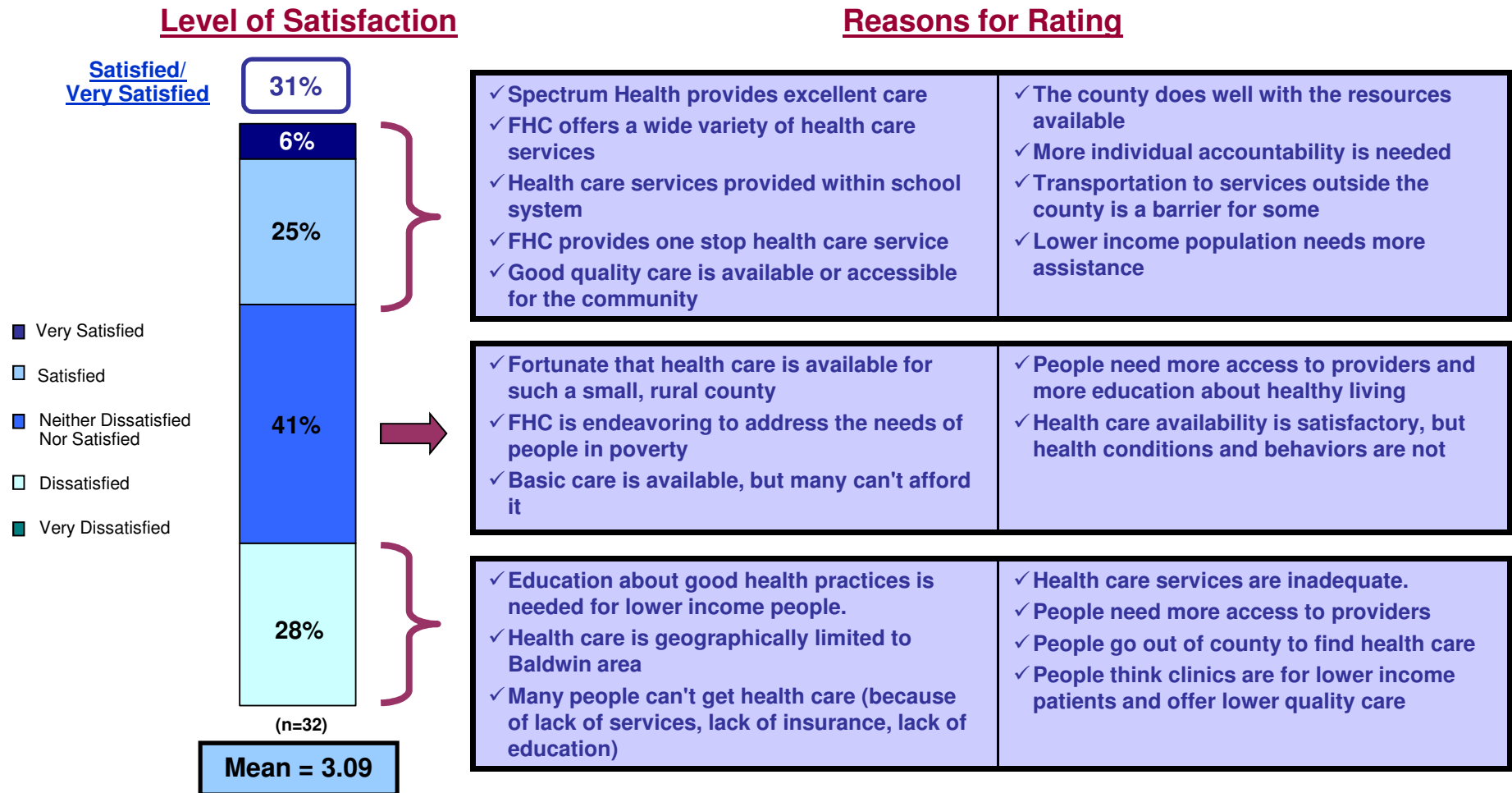
Elements Necessary for Success of Programs that Address Identified Needs



Q11: What elements are necessary to the success of programs to address identified needs? (Multiple responses allowed)

Overall satisfaction with the health climate in Osceola/Lake Counties is moderate among Key Informants. Those who are satisfied praise the Family Health Center for offering **excellent care, a wide variety of services, and school-based services**. Those dissatisfied see **lack of health care access for many people, lack of education about good health practices, and lack of services and providers**.

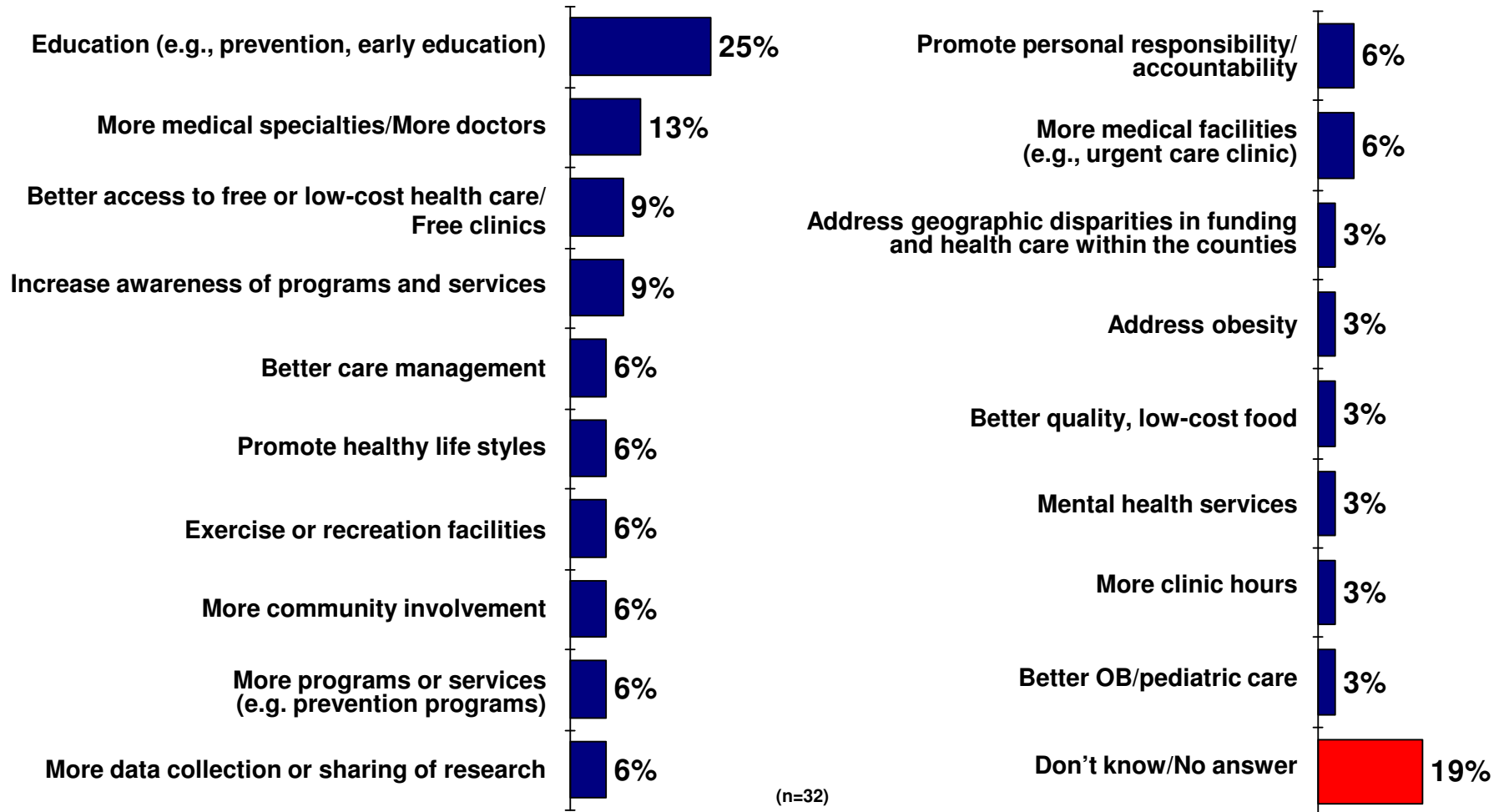
Overall Satisfaction with Health Climate in Osceola/Lake Counties



Q12: Taking everything into account, including health conditions, health behaviors, health care availability, and health care access, how satisfied are you overall with the health climate in Osceola/Lake Counties? Q12a: Why do you say that? Please be as detailed as possible.

Key Informants offer many strategies for improving the overall health climate in Osceola/Lake counties. At the top of the list is ***focusing on prevention and wellness*** through ***increased health education*** that address issues from lifestyle choices to treatment options. Informants also desire ***more medical specialists*** in the region and more opportunities for ***free or low-cost health care***.

Suggested Strategies to Improve the Overall Health Climate in Osceola/Lake Counties



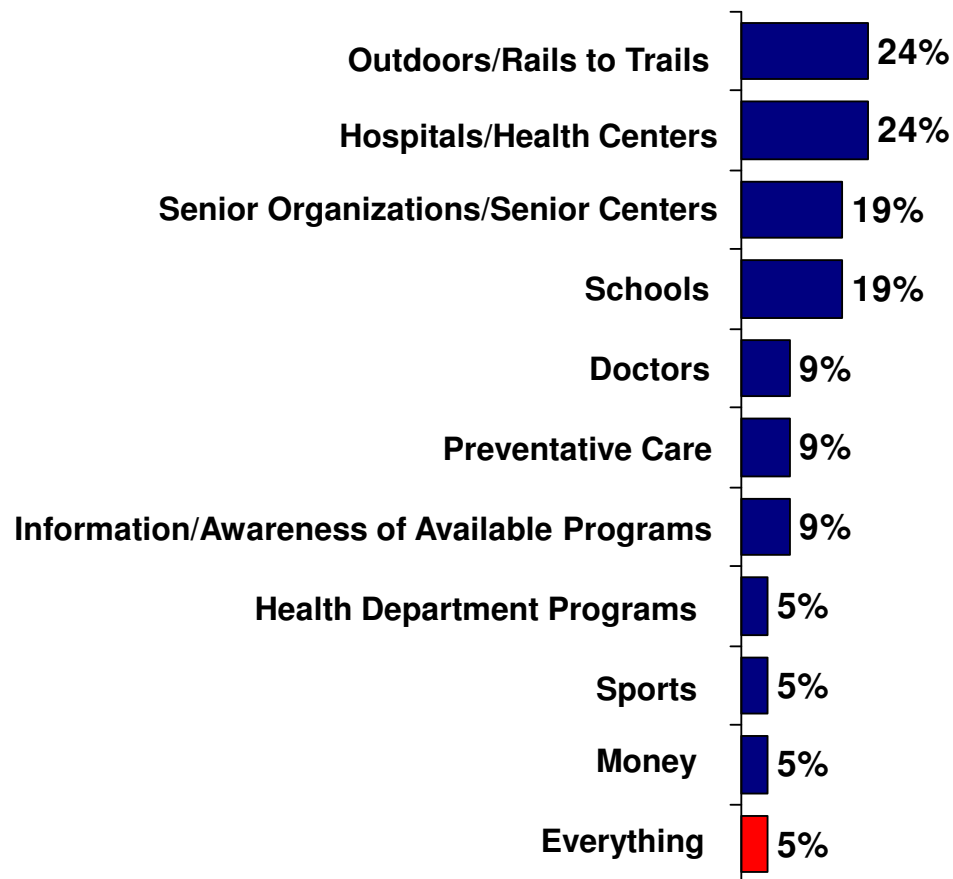
Q13: What one or two things could be done in Osceola/Lake Counties that would improve the overall health climate in Osceola/Lake Counties? Please be as detailed as possible.

Self-Administered Resident Survey

Health Landscape of the Community

Characteristics that promote health in Osceola and Lake counties are the ***outdoor activities, hospital and health centers, senior organizations, and schools.***

Community Characteristics that *Promote* Health



(n=21)

Q10: What are the primary characteristics of this community that promote health?

Verbatim Comments: Community Characteristics that *Promote* Health

Bike trails

Bike trails/Parks

Bringing in people to meals program who let you know about services available-lots of times we aren't aware of helps.

Doctors

Greatly improved hospital.

Health Center where there are doctors

Hospital

Information

Money

Outdoors, school does good job promoting healthy choices

Preventative check ups

Rails to trails, free flu shots in schools, after hours clinic, dental care in schools

Rails to trails, softball tournaments.

Schools are very good

Senior agencies provide different seminars on health issues.

Services provided at Baldwin Family Health Care and some that are available at the Health Department.

St. Ann's

St. Ann's has exercise equipment

St. Ann's programs

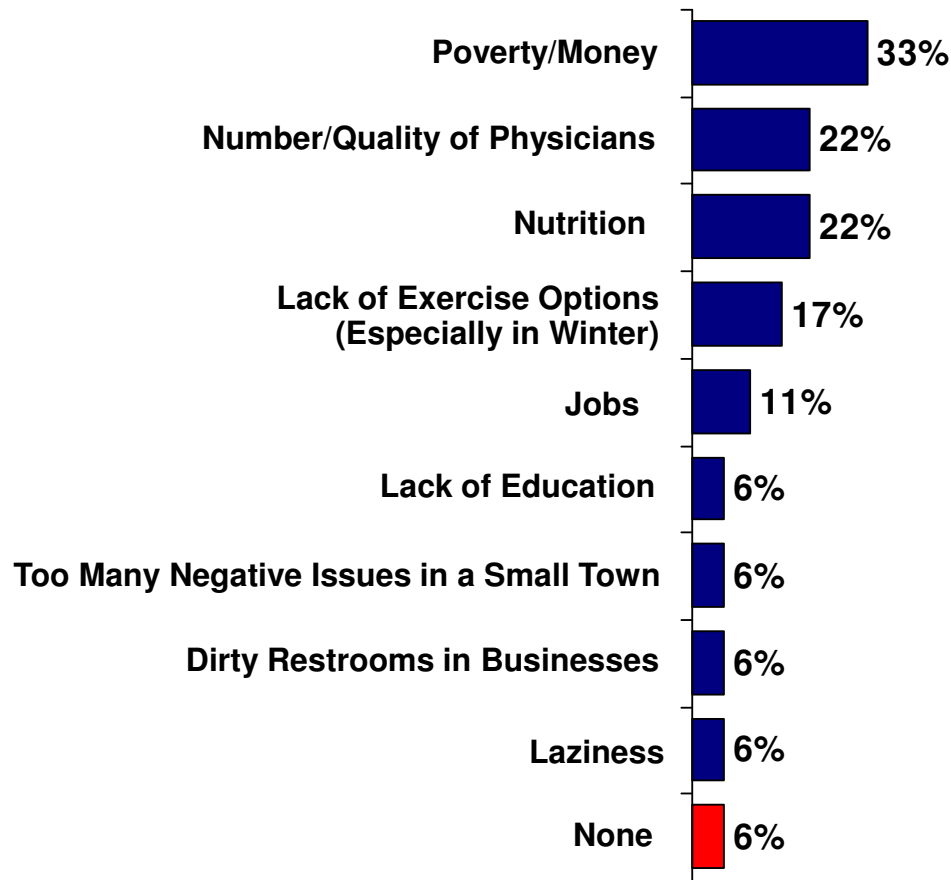
The programs at school

They have everything I need.

Q10: What are the primary characteristics of this community that promote health?

Conversely, characteristics that deter health are **poverty**, **lack of number or quality of physicians**, **lack of healthy and affordable food**, and **lack of exercise options**, especially in the winter months.

Community Characteristics that Deter Health



(n=18)

Q11: What are the primary characteristics of this community that **deter** health?

Verbatim Comments: Community Characteristics that Deter Health

Affordable produce and work out facilities

Bad eating habits, laziness

Difficult to exercise during the winter

Dirty restrooms in businesses

Don't know except because of so many low income families, people do not see a doctor when they should

Don't know of any

Fast food

Good doctors

Jobs

Lack of education and access to exercise in winter.

Meals program food- used to be prepackaged/salty/carbs/so bad tasting people refused to eat it-for \$2. For \$5 can get 2 meals at Subway of fresh meat and veggies, and tastes good too! Dr.'s started calling regarding diabetes/blood pressure/congested heart-issues that the meals were aggravating. Now meals just plain bad!

Money

Money

No jobs- no insurance

Physicians-not enough??

Poverty

Too many negative issues have happened in a small town. Not enough local specialist without having to wait months on end.

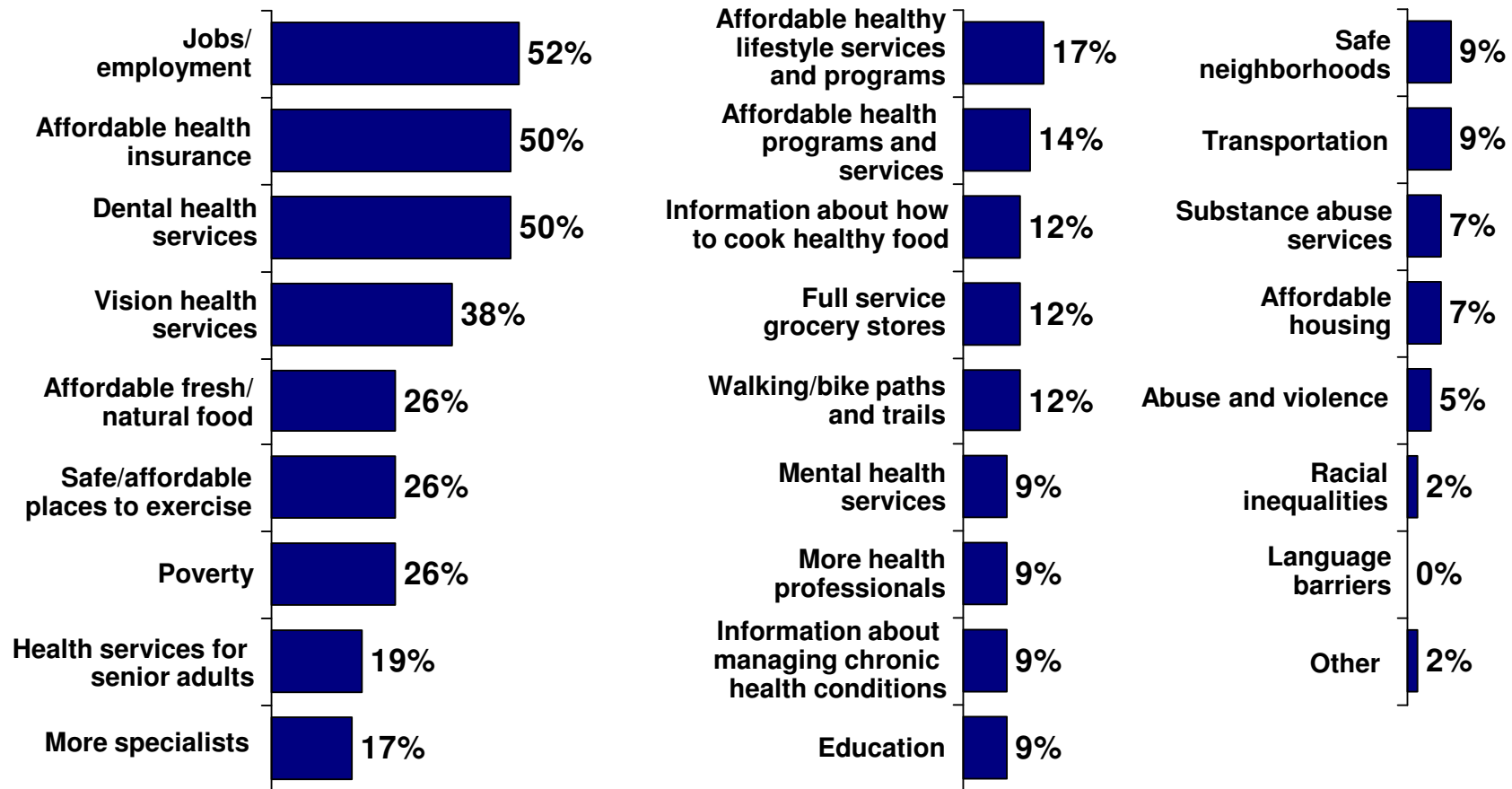
Waiting to get into see a good doctor

Q11: What are the primary characteristics of this community that deter health?



Community residents cite a multitude of community issues that impact overall health. However, those cited most often are largely economic, such as ***lack of jobs/employment, affordable health care, and dental health services.***

Top Issues in the Community That Impact Health

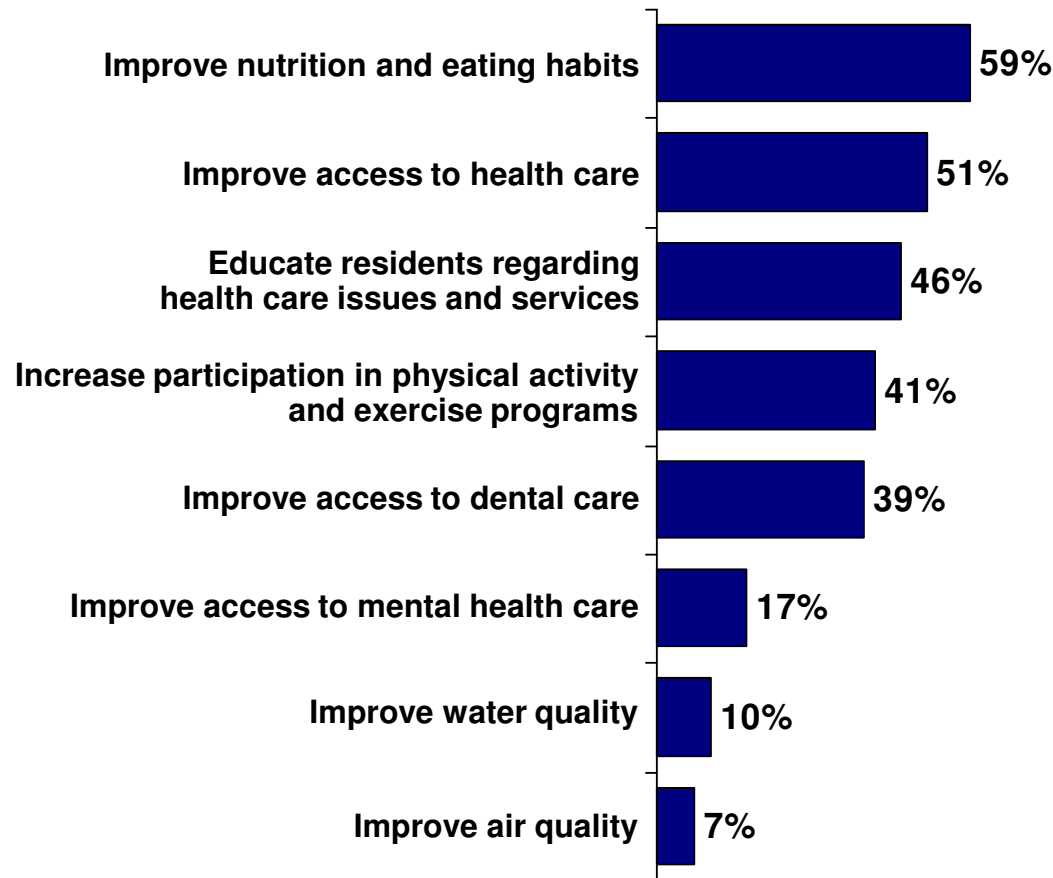


(n=42)

Q9: What are the **top five issues** in your community that impact health? (Select up to five.)

Community residents suggest **improving nutrition and eating habits** foremost to make the community healthier. Other popular mentions are to **improve health care access**, **better educate residents about existing health care programs and services**, find ways to **get people to engage more in physical activity**, and **improve access to dental care**.

Areas Most Important to Residents to Make Community Healthier

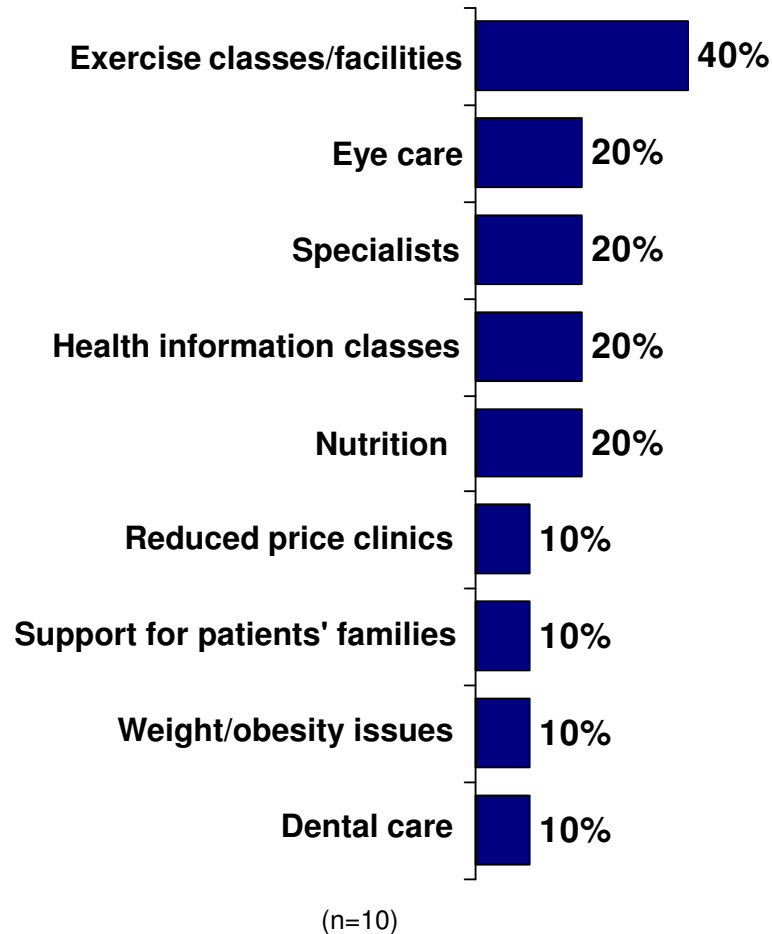


(n=41)

Q14: What are the **top three areas** that are most important to make the residents of this community healthier? (Select up to three.)

Area residents identify a wide array of programs and services that are lacking in the community. Residents perceive a need for **more exercise classes and facilities**, followed by **eye care**, **health care specialists** in general, **health information classes**, and **programs on nutrition**.

Health Care Programs or Services That are Lacking in the Community



Q8: What health care related programs, services, or classes are lacking in Osceola/Lake County? In other words, what programs, services, or classes do you want that are currently unavailable or lacking? Please be as detailed as possible.

Verbatim Comments: Health Care Programs or Services That are Lacking in the Community

A fitness center with nutrition or workout classes with open hours for the working people.

Dental

Exercise programs especially for seniors. Meals on wheels.

Eye care

Family exercise center.

How to be healthy, exercise more available

How to handle challenged children with ADHD, Tourette's, OCD, these type of behaviors. How to have a healthy family or marriage with a child of the above nature, and dealing with sick mom/dad when you are the only child. Weight issues.

More clinics with a reduced rate for people who cannot afford health insurance and do not use welfare services.

We go to GR for an eye specialist. Having one in Osceola County would be more convenient.

We go to Reed City for diabetic classes-Evart for diabetic shoes. Reed City and Grand Rapids for specialists.

Q8: What health care related programs, services, or classes are lacking in Osceola/Lake County? In other words, what programs, services, or classes do you want that are currently unavailable or lacking? Please be as detailed as possible.

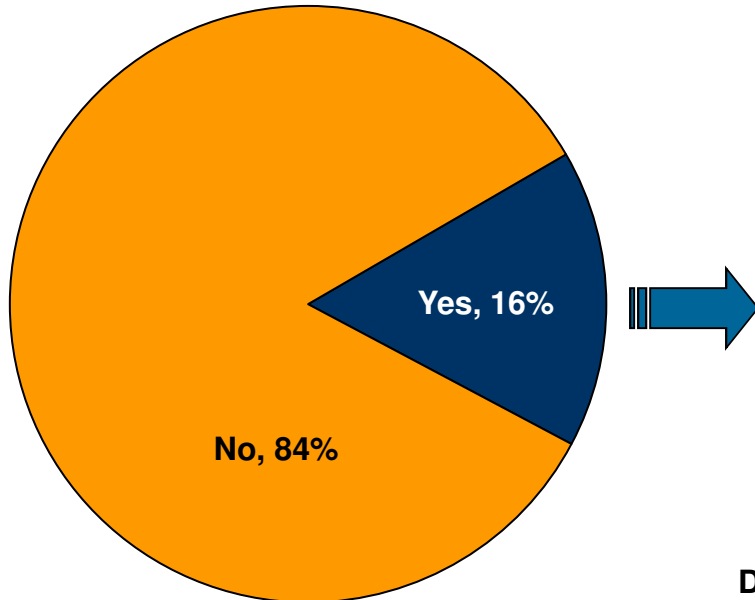


Health Care Access

Most residents surveyed have not had a problem receiving needed health care over the past twelve months. Those who experienced barriers say the greatest hurdle **is lack of money or insurance** to cover the costs. More than four in ten also mention **the lack of specialists** in the region contributes to people going without care or seeking it in another county.

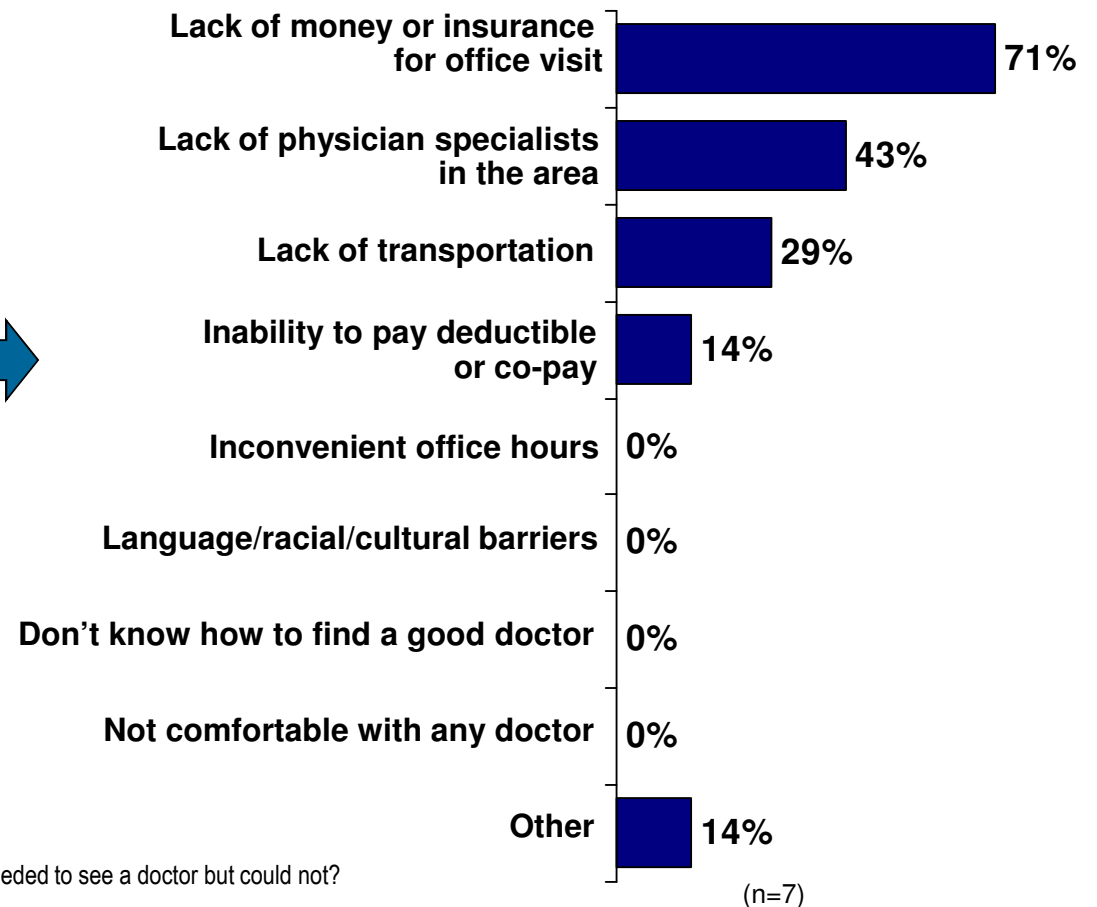
Problems Receiving Healthcare

Have Had Problems Receiving Healthcare in Past 12 Months



(n=45)

Barriers to Accessing Healthcare



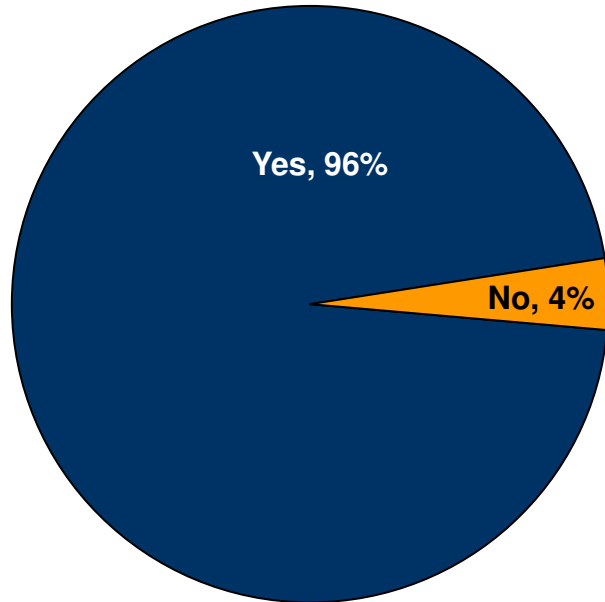
(n=7)

Q6: Was there a time in the past 12 months when you or someone in your family needed to see a doctor but could not?
 Q6a: (If yes) Please, tell us some of the reasons why. (Mark all that apply.)

Almost all residents surveyed have a primary care physician. Even though more than half reported they have private insurance, 20% have Medicaid or a government sponsored plan and 11% have no coverage.

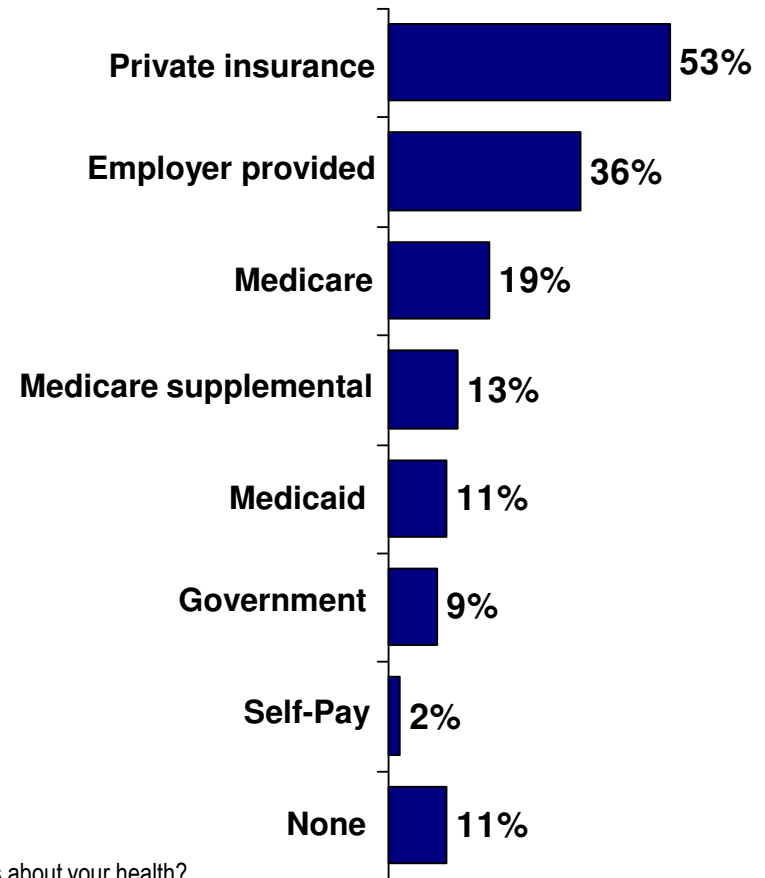
Medical Home and Type of Health Care Coverage

Have Personal Primary Care Physician



(n=47)

Health Insurance Situation

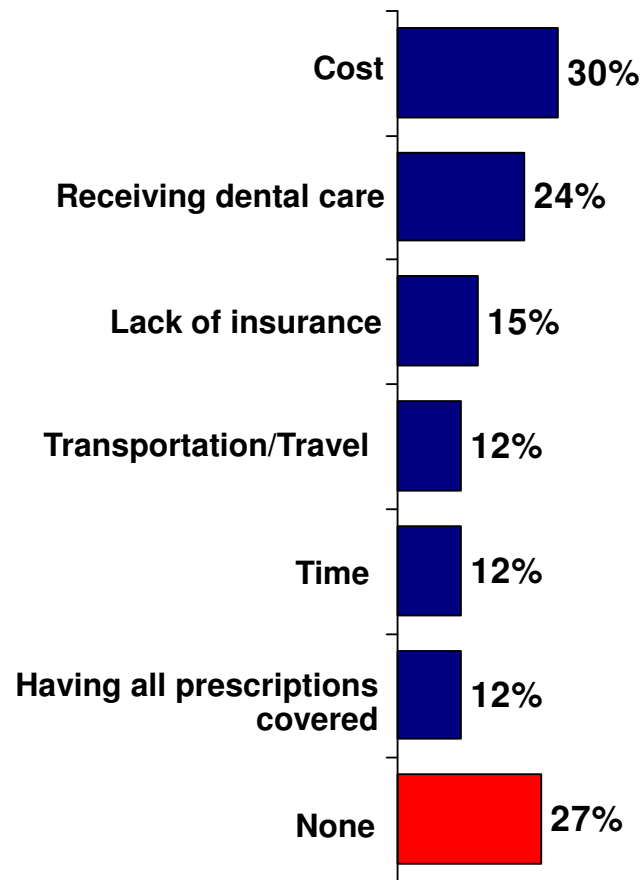


(n=47)

Q3: Do you and your family members have a primary care physician you can visit for questions or concerns about your health?
Q2: Which of these describes your health insurance situation? (Mark all that apply.)

Residents surveyed say the greatest barrier to medical care is cost, while transportation and time are also cited. Residents also mention problems accessing dental care or having prescription drugs covered. More than one-fourth see no barriers to receiving health care.

Greatest Barriers to Receiving Health Care and Other Essentials



(n=33)

Q7: What are the biggest barriers you face in getting medical care?

Selected Verbatim Comments: Greatest Barriers

Appointments 2-3 months away BEFORE I can get [test redacted] mandatory exam has to be done first... No car (mine died) to get to specialists (none in area). Cost is \$333 to cab (at cost to taxpayers!) that I can't live with- so haven't seen doctors in 2 years-problems too severe for local GP. Can't get meds I need that work! Even though I've gone through therapy etc. to qualify. Got the med that worked and then wouldn't pay when went to refill.

[Circled: dental care] The poor have all the time slots

Cost of tests my insurance does not cover!

Cost seems excessive for the services.

Cost. I like my doctors but co-pays, Rx cost, and the deductibles are so high. We have to meet 15,000 before anything other than a cough is covered. Thank goodness my Medicare helps but my son needs the cost reduced.

Even with insurance the deductible is too high and also prescriptions that you can't get generic are very high and some meds don't have a generic form

Getting dental care

Hard to get a ride to Big Rapids for prescriptions

I've never had an issue

Need dental care

No barriers-we are blessed with good insurance.

No car

Paying for them

Paying the bills

Time

Travel. Some of the specialists are in Grand Rapids

[Underlined: dental care] Costs-no dental insurance

We have no medical insurance

Q7: What are the biggest barriers you face in getting medical care? Getting prescriptions? Getting dental care?

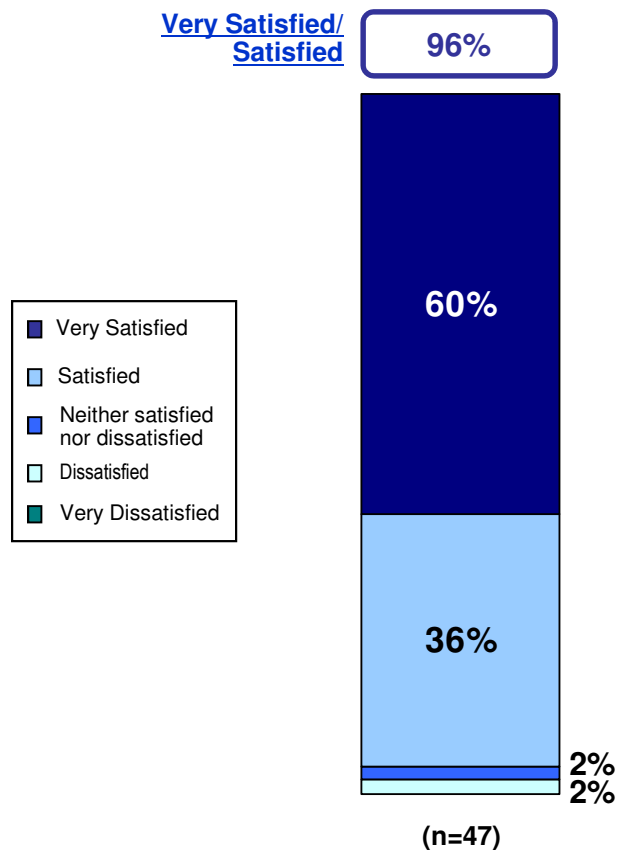


Experience with Health Care Providers

Almost all (96%) are satisfied with their last health care visit in Osceola or Lake County. In fact, six in ten (60%) are very satisfied. Resident satisfaction stems from health care professionals who: (1) are ***caring and friendly***, (2) ***meet patient expectations***, and (3) ***take the time necessary to satisfy patients***. Others appreciated health care professionals for providing good explanations and answering patient questions.

Satisfaction with Last Healthcare Visit

Satisfaction with Last Visit



Reasons for Rating



Q5: How satisfied were you with your last visit for health care?
 Q5a: Why do you say that?

Selected Verbatim Comments: Satisfaction with Last Healthcare Visit

Very Satisfied

All my questions were answered.

Because it didn't take me forever to get waited on. And they seem to care and be concerned.

Dr. was very conscientious about my symptoms-explained well-acted very caring.

Have had doctor for 20 years

He is a good doctor

He took his time to explain what was wrong, answered my questions, friendly.

I have great doctors, they have saved my life several times.

I was provided the service I was looking for.

My doctor takes her time and explains things.

My expectations were met very well

Tests are set up immediately, follow-up calls are made

The doctor was sincerely concerned about my condition

The doctor was very thorough and checked everything.

They give good service

Satisfied

Because I got done what I needed to in least amount of time

Because I miss my old physician but no choice he went to another part of [organization redacted].

Got what I needed

I have had my doctor for a long time so he knows me very well.

She took the time to listen to what I had to tell her

They took care of my needs.

Neither Satisfied nor Dissatisfied

I've been going to the [location redacted] for a year and still am having considerable pain

Dissatisfied

Doctor forgot about a slip for a test I'm suppose to get. This type of thing has happened before (clinic Doctor) in another county several times. I had to remind about the other condition I came in for. Also, waiting for an appointment to discuss problems and am told to make another appointment (which is 2 more months away) because they can only deal/bill for one problem at a time. Also changes in treatments and meds-can't see needed doctors (foot/chiropractor/teeth) as not covered now and changes from meds that we finally figured out that work then can't get them anymore and have to use one that doesn't work .

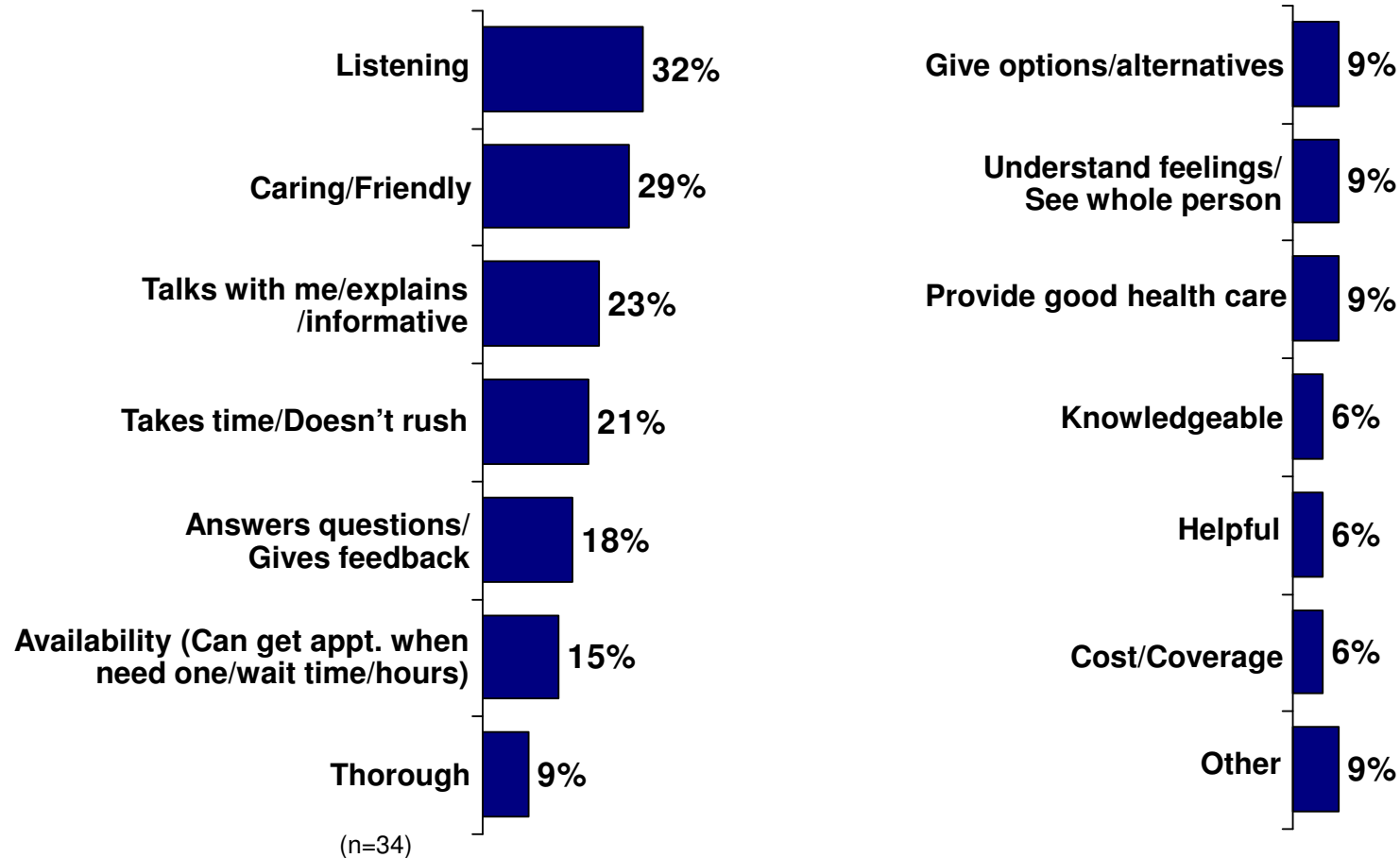
Q5: How satisfied were you with your last visit for health care?

Q5a: Why do you say that?



The most important qualities in a health care provider, according to Osceola and Lake County adults, are that they *listen to them*, are *caring and friendly*, *explain things well*, *take their time*, *answer questions*, and are *readily available*.

Most Important Quality Sought in Health Care Provider



Q4: What is the most important quality you look for in a health care provider? Please be as detailed as possible.

Selected Verbatim Comments: Most Important Quality Sought in Health Care Provider

A doctor who is willing to answer all my questions without time restrictions. Also one who remembers me and knows some of my past problems.

Alternatives to medications

Availability-late hours, friendly, willing to talk to me

Caring-explains everything- listens to you!

Feedback. Plus clean facilities. Takes time to listen.

Great with children

He talks to me and takes time and listens to me!

How long the wait

I want a doctor that is straight forward and honest. Doctor terms mean nothing if you don't understand it.

If you need to go and see a doctor you can get into one

Listening to my ailments and taking steps to help. Friendly, knowledgeable can get in to see when needed

One who will take the time to listen to you and provide you with the information you need to keep you healthy

Someone that cares about my health and tries to help me

Someone that takes a reasonable approach. Not too many medications or un-necessary tests.

Taking time to listen to problems and concerns instead of rushing you in and out.

Taking time to listen-gives input and feedback-gives suggestions and options

That they don't rush, take time to answer questions that you have.

Thoroughness and caring

To be thorough when checking the patient. Do the things they are suppose to do and take the time they need

To be treated as though we are important, and not a kind of pay

To provide good health at a reasonable cost

Q4: What is the most important quality you look for in a health care provider? Please be as detailed as possible.

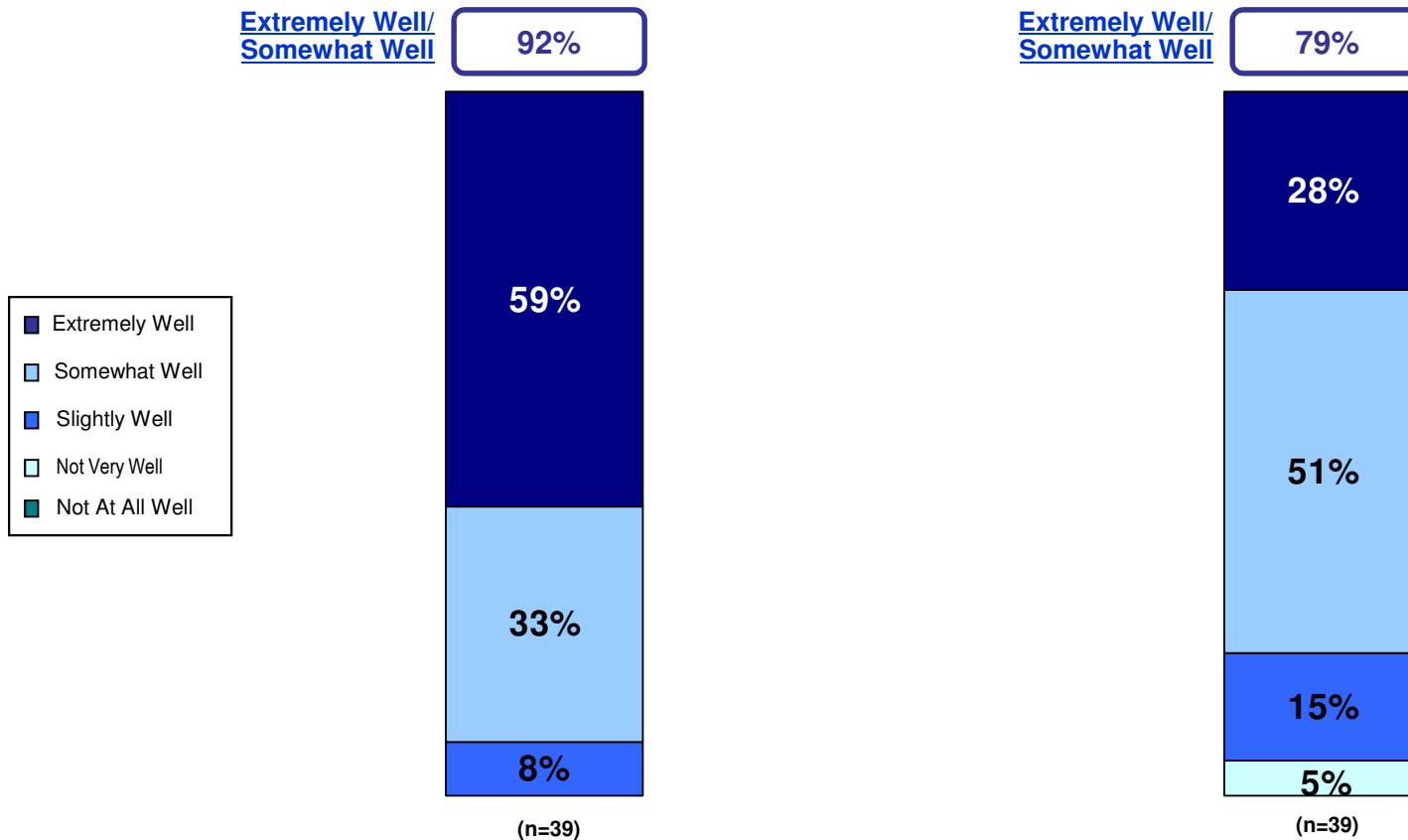


Nine in ten (92%) Osceola and Lake County adults like the quality of communication between them and their health care provider, while eight in ten (79%) appreciate the quality of communication between health care providers.

Communication Among Health Care Providers

**Quality of Communication
Between HCP and You**

**Quality of Communication
Between HCPs**

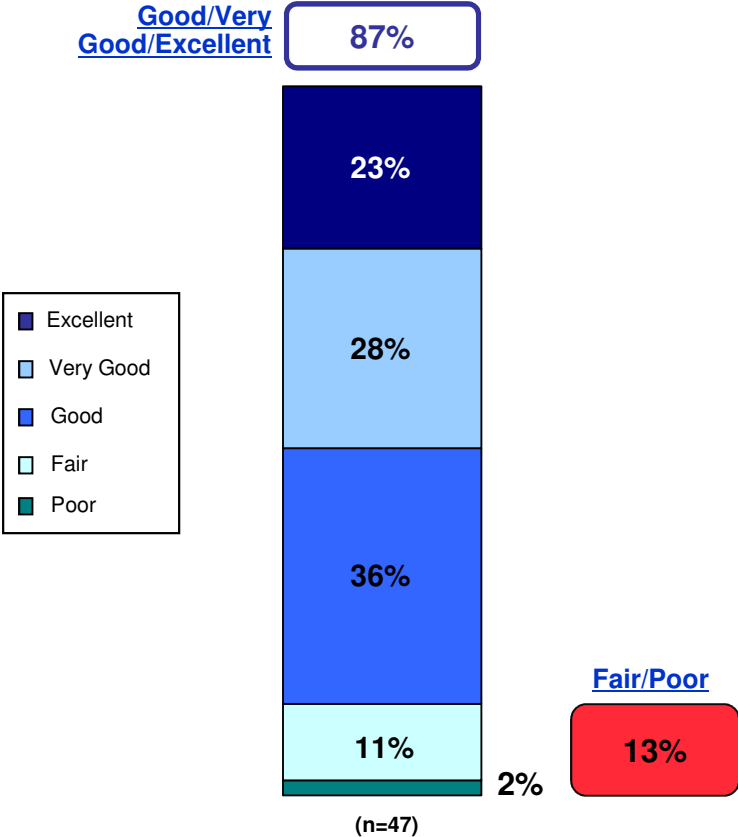


Q12: How well do you feel your health care providers communicate **with you** about your health care?
 Q13: How well do you feel your health care providers communicate **with each other** about your health care?

General Health Status

Almost nine in ten (87%) Osceola and Lake County adults surveyed say their health is very good or excellent. More than one in ten (13%) report fair or poor health.

Perception of General Health Status



Q1: Generally, how would you describe your health?

CONCLUSION

Summary of Findings

Social Indicators

- Osceola and Lake Counties are communities that have a number of social factors that negatively impact health and quality of life. For example:
 - The unemployment rate in both counties is high
 - The rate of confirmed victims of child abuse or neglect for Lake County is two to three times as high as Michigan or the U.S., respectively
 - Confirmed victims of child abuse/neglect in Osceola are lower than the state rate, but higher than the national rate
 - Far more students are eligible for free or reduced price lunches, compared to students around the state. In fact, 90% of Lake County students are eligible
 - More children in Lake County receive WIC assistance and more births are Medicaid paid in comparison to rates across Michigan

- Additionally, Osceola and Lake Counties both have more people in poverty than across the state or nation. In Lake County specifically, there are more families in poverty (generally and married couples) including those with children under age 18, compared to Michigan or the U.S.

- The overall proportion of single female families living in poverty in Lake County is a little lower than in Michigan, but the highest proportion of families living in poverty are for those headed by single females with children under age 18.

Summary of Findings (Cont'd.)

Social Indicators (Cont'd.)

- Adding to the problems created by high unemployment and poverty is the fact that one in four Lake County adults never graduated high school.
 - Not surprisingly, there are also low numbers of adults with graduate degrees in both Osceola and Lake counties

- Alternatively, certain community factors promote health, such as:
 - Both communities are safe communities – with far lower violent crime and homicide rates than the state or nation

Summary of Findings (Cont'd.)

Overall Health Climate

- Key Stakeholders report the worsening local economy is the most important event impacting the health and health care landscape of both communities. Because there is little employment, there is a large number of residents with no health insurance, or more likely on Medicaid.
- Key Informants are moderately satisfied overall with the health climate in Osceola/Lake Counties, citing Spectrum Health and Family Health Care, as positive primary care resources.
 - Regardless of satisfaction level, informants feel residents need to be more accountable for personal health, more education programs need to be developed, and that existing programs are inaccessible to many due to cost and transportation
- Resources identified by informants, stakeholders, and residents in the community that promote health include:
 - 2-1-1
 - Community Mental Health
 - DHS
 - Dial-A-Ride
 - Hospital/Health Center
 - Outdoors/Rails to Trails
 - Schools
 - Senior Center/Organization

Summary of Findings (Cont'd.)

Overall Health Climate (Cont'd.)

- Resource limitations are identified as:
 - Access to care for the underserved populations, but especially in such a remote, rural community
 - Funding limitations
 - Poverty
 - Lack of employment opportunities
 - Lack of mental health care
 - Lack of physicians/number of providers/pediatricians
 - Lack of specialists
 - Transportation barriers

- Top suggested strategies to improve the health climate in Osceola/Lake Counties include increased awareness of existing programs/services, more/better health education, more specialists and PCPs, and better access to health care (e.g., mandatory/free/low cost health care).

Summary of Findings (Cont'd.)

Health Indicators

- Compared to the state of Michigan or the U.S., Osceola and Lake County residents experience far higher adult mortality rates, and higher infant mortality rates. Conversely, the proportion of live births with low birth weight are lower in Lake County than the state or nation. Residents (both men and women) of both counties have slightly lower life expectancy rates in comparison to the state or nation.

- Although the top two leading causes of death, *heart disease* and *cancer*, are the same for both Osceola and Lake County, the state and the nation, the rates for both conditions much higher for both counties compared to MI and the U.S.
 - Additionally, the death rates from Chronic Lower Respiratory Diseases, Stroke, and Unintentional Injuries are much higher in Osceola/Lake Counties than the state or the nation

- Far fewer pregnant women in Lake County begin prenatal care in the first trimester than for Osceola and Michigan as a whole, although the proportion of births to women who receive late or no prenatal care for both counties is higher than state proportions, and highest for Osceola County.
 - Additionally, the proportion of Lake County mothers who smoked during pregnancy (39%) is much higher than the proportion across Michigan

Summary of Findings (Cont'd.)

Health Indicators (Cont'd.)

- Childhood immunizations for both communities are on par with the state and nation, with Lake County proportions slightly lower than the state, and Osceola proportions higher than the state and on par with national averages.
- Roughly two in ten Lake County adults report fair or poor general health status, and this is higher than across the state.
 - About one in seven report poor physical health, higher than state averages
 - About one in ten report poor mental health, which is lower than state averages
 - One in twenty expressed dissatisfaction with life, less than the state average
- One-third of the adult population is disabled to the extent that their daily activities are limited due to physical, mental, or emotional problems, or they require the use of special equipment.
- Eight in ten Lake County adults are considered to be at an unhealthy weight, with 36% overweight and 43% obese, making this issue critical to address.
 - Obesity is the most pressing health issue in both counties according to Key Informants and they are less than satisfied with the community response to obesity
 - Residents would like to see both communities increase overall participation in physical activity and exercise programs
 - Over one in ten (17%) youth in Lake County and two in ten (20%) in Osceola County are considered obese. Proportions higher than the state or nation

Summary of Findings (Cont'd.)

Risk Behavior Indicators

- Most adults in Lake County (74%) participate in leisure time physical activity, slightly lower than state figures.
- Over one-fourth (27%) of Lake County adults smoke cigarettes, a rate higher than the state.
- On a positive note, the proportion of adults who engage in binge drinking is lower (12%) than across the state (17%).
- Key Informants consider smoking and tobacco use to be the most pressing health behavior issue in Osceola/Lake counties, followed by alcohol abuse and illegal substance abuse.

Summary of Findings (Cont'd.)

Youth Behavioral Risk Factors

- The teen (aged 15-19) birth rates are slightly higher in Osceola/Lake Counties than in Michigan or the U.S. While the repeat teen birth rate in Osceola County is slightly lower than the state or nation, for Lake County, this rate is almost double that of Osceola County, the state, and the nation.
- With respect to substance use, youth in Lake/Osceola Counties have much lower levels of smoking tobacco, binge drinking, and marijuana use than youth across the state or the nation.
- Over half (57%) of Lake County youth and over two-thirds of Osceola County youth report inadequate amounts of physical activity.
- While the proportion of youth eating inadequate quantities of fruits and vegetables is high (two-thirds in each county), these proportions are much lower than across the state or nation.
 - Residents identify this as the number one area that can make the community healthier – improved nutrition and eating habits
 - Key Stakeholders and Key Informants support this, citing the need for access to more affordable and healthy food

Summary of Findings (Cont'd.)

Chronic Conditions

- The proportions of Lake County residents ever told they had diabetes (19%), a heart attack (9%), or angina/coronary heart disease (9%) are higher than across Michigan.
 - Key Informants believe diabetes is an important health issue in the county and are only moderately satisfied with the community response to the condition
- The proportion of Lake County residents ever told they have had a stroke (1%), have asthma (10%), and still have asthma (9%) are lower than proportions for the same conditions across Michigan.
- Key Stakeholders believe chronic disease is one of the most pressing health needs or issues in Osceola/Lake Counties and feel chronic disease prevention activities are lacking in the community.

Summary of Findings (Cont'd.)

Health Care Access

- The majority of Lake County adults have had a routine physical checkup in the past year. Still, almost four in ten have not.
- Most Lake County adults have a *personal health care provider*. However, two in ten adults have no such provider and within the last twelve months, more than one in ten were denied health care due to costs.
- Additionally, the proportion of primary care physicians per capita in Lake/Osceola Counties is drastically lower when compared to state proportions.
 - Key Stakeholders and Key Informants also note that the lack of primary care providers is a great concern
- Key Stakeholders also feel that health care access is a pressing issue for the Osceola/Lake communities, and feel access is hindered due to a lack of available resources, poverty, a lack of transportation, lack of senior services, and lack of specialists.
 - They identify the uninsured, unemployed, low income, and elderly as subpopulations touched most by this issue

Summary of Findings (Cont'd.)

Health Care Access (Cont'd.)

- Local hospital data demonstrate that about eight in ten patients discharged in Lake/Osceola counties over the past two years have public payer coverage, which includes Medicaid and Medicare.
 - The uninsured represent from 6-8% of all SHRCH discharges, while 11-14% represent those with private insurance

- Additionally, for all Emergency Department visits in both counties over the past two years, almost eight in ten Lake County residents and almost seven in ten Osceola County residents have public health insurance.
 - The uninsured represent approximately 7% of ER visits, while 16-26% represent those with private insurance

- Key Stakeholders and Key Informants also note a lack of mental health treatment for those with mild/moderate mental health needs, including substance abuse treatment as well as those with severe/persistent mental illness.
 - Key Informants report some dissatisfaction with community response to mild/moderate as well as severe/persistent mental illness

Summary of Findings (Cont'd.)

Barriers or Obstacles to Health Care

- Stakeholders, informants, and residents agree that some of the most pressing health needs or issues in Osceola/Lake Counties are related to poverty, lack of access, lack of specialists, cost, and transportation barriers.
- All three groups (Key Stakeholders, Key Informants, participants in Resident Survey) differ slightly in identifying most important barriers to health care access. While Key Stakeholders identify lack of coverage, lack of access points, transportation barriers, cultural/language barriers, and a lack of access to specialists, Key Informants mention lack of health care insurance as the top barrier or obstacle to health care programs and services. Other barriers identified by Key Informants include transportation, personal irresponsibility, lack of awareness of existing services, and inability to pay co-pays or deductibles.
- Residents identify cost/inability to pay for services, lack of area specialists, and lack of transportation as top barriers.
- Cost is also mentioned as a barrier by Key Stakeholders who note there is a lack of coverage for ancillary services and an inability to pay for out-of-pocket expenses such as co-pays and deductibles.

Summary of Findings (Cont'd.)

Barriers or Obstacles to Health Care (Cont'd.)

- Key Informants feel that health care is most accessible for adults and seniors, moderately so for low income and the under/uninsured, and least accessible for children.
 - Informants say a limited number of available primary care physicians, a limited number of clinics and restricted clinic hours limit access for adults, particularly for low income and under/uninsured residents

- Access for children is also limited due to a lack of available pediatric care and the length of time between scheduling and seeing a pediatrician, while seniors face a lack of available geriatric care, and ESL residents face language and cultural hurdles compounded by limited community resources.

- Key Informants offer the following suggestions for effective solutions to health care barriers (in order of frequency mentioned):
 - Increased awareness of existing programs/services
 - Education on services offered, payment options, prevention, wellness
 - Universal health care/increased resident coverage by insurance
 - Address health care costs for those who can't afford it

- Key Stakeholders suggest access to prevention services, better coordination and communication across services, increased collaboration with organizations, schools, and developing long-term funding for initiatives.

Summary of Findings (Cont'd.)

Gaps in Health Care or Services/Programs Offered

- Health care professionals agree that Osceola/Lake Counties have a wealth of health care services and programs that meet the demands of the population, including:
 - Emergency care/transport
 - Long term/nursing home care
 - Oncology
 - Physical therapy

- Conversely, there is a lack of programs and services to meet the demands of the population for:
 - Chronic disease prevention activities
 - Community centers for families and seniors
 - Dental care
 - Gyms/exercise facilities
 - In-home respite care
 - Mental health treatment, whether for mild, moderate, severe, or persistent
 - Specialists (Radiology, Dialysis, Dermatology)
 - Substance abuse treatment
 - Transportation
 - Youth services

Summary of Findings (Cont'd.)

Gaps in Health Care or Services/Programs Offered (Cont'd.)

- The majority of residents have to travel outside of Osceola/Lake Counties, or know someone who does, for certain services, in order to receive specialized care, treatment for cancer, or for emergency care.
- The inability to meet the demand partly stems from a lack of transportation and a general lack of resources to support existing programs. While coordination of care between is already good, further improvements in coordination and communication across services as well as ongoing funding will result in a more effective referral system and increase access by the sharing of resources.

***SUGGESTED PRIORITIES/
NEXT STEPS***

Suggested Priorities/Next Steps

Overall, this research identifies the pressing and prevalent health needs and concerns in Osceola and Lake counties as the following: health care access, chronic disease rates, mental health care services, levels of obesity, adult risk behaviors, health literacy and health education needs, needs involving subpopulations such as children and youth, and lack of a coordinated community approach to these issues in the community. These issues are organized by each identified need.

Health Care Access

Clearly, access to quality and affordable health care is a challenge for residents of Osceola and Lake counties. These communities, especially Lake County, are struggling with a myriad of issues many of which are directly related to poverty, and for health care access, it results in an overuse of other services, such as the emergency room, to address needs that grow more severe with neglect. Therefore, the following are suggested to address the issue of access:

- Increase access by expanding existing clinic services and hours as well as increasing awareness about the services offered by clinics.
- Implement effective transportation systems that enable residents (especially seniors and low income) to attend medical appointments.

Suggested Priorities/Next Steps (Cont'd.)

- Recruit more primary care physicians and pediatricians to the community, perhaps through exploring government programs that will support doctors working in underserved areas (e.g., foreign exchange visitor programs, federal loan repayment programs for health professionals).
- More pediatric care must be made available in these communities. Either more physicians who work with children must be recruited to the area or current pediatricians must be encouraged to develop strategies for taking on new patients. Additionally, wait time between scheduling and actual appointment must be targeted for intervention in order to improve access for children.

Suggested Priorities/Next Steps (Cont'd.)

Chronic Disease Care

Chronic disease care, especially in the case of diabetes and heart disease, is linked directly to future health outcomes and care for residents. It is important that residents receive consistent care, be knowledgeable about their disease, and take steps toward active self care, or conditions will worsen, creating greater health problems and more strain on health care delivery.

- Increase the coordination of care for residents managing chronic disease (particularly diabetes and heart disease) to ensure they are able to make their routine check-ups and follow through on treatment recommendations, as well as ensure they have access to affordable medication to treat their illness.
- Make changes to policy and practice that improve patient self-management such as providing more education and support.
- Increase access to specialists, perhaps in innovative ways that do not require transportation, such as telecommunication systems that allow for specialist care via computer system and video monitoring.
- Host chronic disease prevention activities in the community to promote education about relevant diseases and awareness of existing support services in the community.

Suggested Priorities/Next Steps (Cont'd.)

Mental Health Support

Currently, there is a lack of mental health care in both Osceola and Lake counties, for both moderate and severe/persistent illnesses. Further, residents are dissatisfied with ways the community is addressing mental health needs, particularly concerning severe/persistent mental illness and substance abuse. People in both communities are also concerned about the amount of substance abuse by adults taking place in their community. Therefore...

- Mental health diagnosis and care should be enhanced based upon the specific needs and resources available in the community.
- Provide more resources for mental health services to residents by recruiting more practitioners and expanding existing services.
- Increase community awareness about support services available and increase education efforts about coping with mental illness in each community.
- Identify the types of mental illness services most lacking in the community and create a community plan to address this gap in service.

Suggested Priorities/Next Steps (Cont'd.)

Obesity

Obesity is clearly recognized as a pressing health problem existing in the community, and is linked to many undesirable health outcomes. This is a community problem recognized for both adults and youth. Additionally, this is an area where many residents and health care professionals are dissatisfied with the community's response to the problem. The following recommendations are made to address this community issue, some of which come from recommendations identified by the Centers for Disease Control and Prevention.

- Encourage healthy eating, diets, and exercise through a public awareness campaign in the community.
- Increase access to high quality, fresh, and affordable foods.
- Provide insurance-based incentives to address self management education needs and provide support that motivates residents to address issues concerning weight.
- Investigate whether or not local fitness centers, personal trainers, and dieticians would be willing to provide discounted services if reimbursed some way.
- Develop community partnerships that look to reduce obesity rates through evidence-based approaches.

Suggested Priorities/Next Steps (Cont'd.)

Adult Risk Behaviors

Tobacco use is seen as a concerning health behavior both in the secondary data results (BRFS) and Key Informant surveys. This behavior can greatly impact the overall health of the community. Therefore, the following steps are recommended:

- Catalogue and promote social services that exist to support residents in addressing an unhealthy risk behavior such as smoking, illegal substance use, and excessive drinking.
- Provide insurance-based incentives to address self management of risk behaviors such as smoking.
- Additional smoking prevention education and intervention efforts should target pregnant women, as this is likely an issue in both communities, but evidence points particularly to Lake County residents.
- Develop community partnerships that look to reduce risk behavior rates through evidence-based approaches.

Suggested Priorities/Next Steps (Cont'd.)

Health Literacy & Preventative Education

Overall, there is a need to promote health literacy and increase prevention education and activities in the community. Therefore, the following recommendations are made to address this need:

- More community education opportunities that teach and promote healthy lifestyle choices promoted by local health organizations can benefit the community (e.g., health fairs).
- More community activities (e.g., family walks/races or outdoor events sponsored by the community) that promote good health.
- More education and awareness of prenatal care must take place in each community, as each community struggles with pregnant women who either receive this care late or not at all.

Suggested Priorities/Next Steps (Cont'd.)

Developing a Coordinated Community Approach

A coordinated approach to community health and health care can enable the community to focus on its most important targets for improvement, have a complete understanding of the services available and the extent of need, and allow for sharing of patient information across medical providers to ultimately increase access and make the process of accessing services easier for county residents. Therefore, the following ideas are recommended:

- Make technology improvements that allow for a regional system permitting local data exchange concerning patient care.
- Create a community health care action plan that creates a plan to support efforts to improve community health. Community members want a coordinated community plan that allows people to strategize.
- Focus these coordinated efforts on increasing ease of use in order to encourage more engagement in the health care delivery system by community residents.
- The community must develop and agree upon population health outcomes and targets for intervention.

Suggested Priorities/Next Steps (Cont'd.)

Sub-population Focus

There are specific groups within the general population that deserve specific focus in implementing any improvements to the health care service delivery and overall health outcomes in Osceola and Lake Counties.

- Low income residents – The majority of health care access and health outcomes identified in this needs assessment are directly or indirectly related to income. Addressing the particular barriers faced by low income residents whether or not they are using public insurance, should improve the overall effectiveness of these efforts.
- Teen parents - Repeat teen pregnancies are higher in Lake County than in the state and the nation. Prevention efforts should increase within the community to stabilize and then attempt to reduce this rate. Additional health care services can also target this population (both mother and infant) to ensure good health and social outcomes for mother and for child.
- Seniors – a lack of geriatric care combined with an increasingly senior population indicates that services must improve health care delivery to this population as well as prepare for more service need. Investigating how other rural communities are responding to this issue may provide important direction to both communities concerning this problem.

Suggested Priorities/Next Steps (Cont'd.)

- Children – The proportion of confirmed victims of abuse/neglect in Lake County is more than double that of the state and triple to Osceola and national rates. This issue presents itself as a critical one to address in any next steps toward improving community health.

Next steps may include the creation of a plan to develop a coordinated response to issues deemed most important to work on, within a specific time frame, such as 1 year, 3 year, and 5 year goals. Ideally, these goals will identify careful priorities attached to specific outcomes and include detailed strategies for how these outcomes will be measured and achieved. Additionally, the information provided in this needs assessment can support discussions with different community stakeholders as well as community leaders located in nearby counties on how to best address the needs identified here, for pursuit of funding for new efforts, in support of cross-county collaborative initiatives, and as a baseline to provide the community with its health profile.

METHODOLOGY

Methodology

- This research involved the collection of primary and secondary data. The table below shows the breakdown of primary data collected with the target audience, method of data collection, and number of completes:

	Data Collection Methodology	Target Audience	Number Completed
Key Stakeholders	In-Depth Telephone Interviews	Hospital Directors, Clinic Directors	6
Key Informants	Online Survey	Directors, Clinicians, Health Care Professionals	32
Community Residents (Low Income)	Self-Administered Survey	Lake County Osceola County	24 23

- Secondary data was derived from local hospital utilization data and various government and health sources such as the US Census, Michigan Department of Community Health, County Health Rankings.

Methodology (Cont'd.)

- Of the 7 *Key Stakeholders* invited to participate, 6 completed an in-depth interview (86% response rate). *Key Stakeholders* were defined as executive-level community leaders who:
 - Have extensive knowledge and expertise on public health issues
 - Can provide a “50,000 foot perspective”
 - Are often involved in policy decision making
 - Examples include hospital administrators and clinic directors
- Of the 56 *Key Informants* invited to take the online survey, 32 completed it for a 57% response rate. *Key Informants* are also community leaders who:
 - Have extensive knowledge and expertise on public health issues, or
 - Have experience with subpopulations impacted most by issues in health/health care
 - Examples include health care professionals or directors of non-profit organizations
- There were 47 community residents from both Lake and Osceola counties who completed a self-administered survey. All of these participants are considered to represent the low income subpopulation. The breakdown of participants per group is as follows:
 - 24 in Lake
 - 23 in Osceola

APPENDIX

Respondent Profiles

Key Stakeholder Interviews

Professional Position	Gender	Years in Current Position	Years in Health Care Field
Chief Clinical Officer and Nursing Home Administrator	F	12	28
CEO of Mecosta County Medical Center	M	2	20
Executive Director of United Way	F	19	--
CEO/President of Family Health Care	F	<1	25
Health Officer for District Health Dept. #10	F	7	33
Executive Director of West Michigan Community Mental Health	M	7	--

Key Informant Surveys

Health Officer, Central Michigan District Health Department

Chief Financial Officer, Spectrum Health Reed City Hospital

City Manager, City of Reed City

Clinical Director, Medicine/Surgery, Spectrum Health Reed City Hospital

Clinical Director, Diagnostics, Spectrum Health Reed City Hospital

Clinical Director, Nursing Operations, Spectrum Health Reed City Hospital

Director of Facilities, Spectrum Health Reed City Hospital

Director of Finance, Spectrum Health Reed City Hospital

Director of Fund Development, Spectrum Health Reed City Hospital

Director of Human Resources, Spectrum Health Reed City Hospital

Director of Quality and Risk, Spectrum Health Reed City Hospital

Director of Service Excellence, Spectrum Health Reed City Hospital

Superintendent, Reed City Public Schools

Key Informant Surveys (Cont'd.)

Baldwin Housing Commission

Grand Oaks Nursing Center

Professional Dental Associates

Spectrum Health Reed City Family Practice

Spectrum Health Reed City Ortho/Sports Medicine

***NEED CLIENT ASSISTANCE
ON MISSING
TITLES/ORGANIZATIONS***

Self-Administered Surveys

Respondent Demographics

<u>Gender</u>	(n=43)
Male	23%
Female	77%
<u>Age</u>	(n=45)
18 to 24	2%
25 to 34	11%
35 to 44	13%
45 to 54	7%
55 to 64	13%
65 and over	53%
<u>Race/Ethnicity</u>	(n=43)
Caucasian	88%
African American	7%
Other	5%
<u>Education</u>	(n=43)
Less than high school diploma	9%
High school graduate. GED, or alternative	33%
Some college or Associate's degree	42%
Bachelor's degree or higher	16%

<u>Income</u>	(n=35)
Less than \$15,000	31%
\$15,000-\$24,999	34%
\$25,000-\$34,999	14%
\$35,000-\$44,999	11%
\$45,000-\$54,999	--
\$55,000-\$74,999	3%
\$75,000-\$99,999	6%
\$100,000 or more	--
<u>County</u>	(n=47)
Lake	51%
Osceola	49%
<u>City/Town</u>	(n=38)
Reed City	37%
Baldwin	34%
Chase	8%
Idlewild	5%
Bitely, Hersey, Irons, Lake, Luther, Paris	3% each

Q15: What town do you live in? What is your...? Gender, Age, Race/Ethnicity, Education, Income

Definitions of Commonly Used Terms

Definitions of Commonly Used Words/Acronyms

- ESL – means “English as a second language.” For this population/group, English is not their primary language. For purposes of this report, it most often refers to the Hispanic population that has Spanish as their primary language.
- PCP – refers to “primary care provider” or “primary care physician,” but the key terms are “primary care.” Examples of this are family physicians, internists, and pediatricians.
- Binge drinkers – those who consume five or more drinks per occasion (for men) or four or more drinks per occasion (for women) at least once in the previous month.
- Heavy drinkers – those who consume an average of more than two alcoholic drinks per day for men and one per day for women in the previous month.